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DEERS/Medical

Business Scenarios 1 and 2

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Document Notations

The business scenarios contain all attributes within the IOD business event diagrams. For illustrational purposes, the values shown for the attributes are the full description and not necessarily the actual data value that would be sent to/from DEERS. For example, the HCDP Type Code has a value of "Health Care" and the actual data sent to/from DEERS would actually be "M".

Depending on the situation and the information that resides in DEERS, certain information may or may not be returned in the response. For example, if a person does not have Other Health Insurance (OHI) effective during the inquiry period sent to DEERS, DEERS will not return OHI information for the person. The data attributes in italic represent such information that would not be sent to/from DEERS. These attributes are included in the business scenarios so they can be easily tied to the IOD business event diagrams.

SCENARIO 1: Active Duty Sponsor, Spouse and Newborn

This is an example of enrolling a family that has not been previously enrolled.

- The sponsor is an Active Duty Service member.
- He has a spouse.
- He entered active duty on October 1, 1997.
- The family is in the same location.
- The intended enrollment date is January 1, 1998.
- Personnel data is current as of the date of the inquiry.

Sponsor:

CPT Bill Smith

Active Duty, U. S. Army

Birth Date: July 7, 1961

SSN: 532688999

DEERS ID: 333567899 00

Spouse:

Jane

Marital Date: June 6, 1983

Birth Date: August 7, 1962

SSN: 783562255

DEERS ID: 333567899 01

Child:

Sally

Birth Date: November 10, 1998

Temporary Id Number: 800560987

DEERS ID: 333567899 02

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Timeline for Scenario 1

Active Duty Sponsor	Enrollment	PCM Change	Add Newborn to DEERS	Enrollment into Family Coverage Plan	En
(Bill Smith)	(Bill Smith, Jane Smith)		(Sally Smith)	(Jane and Sally Smith)	S
1-Oct	1-Jan	1-May	10-Nov	1-Nov	
1997	1998	1998	1998	1998	

Timeline for Business Events in Scenario 1

a-1	1-Jan				
b-1	1-Jan				
c-1	31-Mar				
c-2	15-Dec	30-Apr			
d-1		1-May			
e-1	15-Dec	15-May			
f-1			10-Nov		
f-2			1-Nov		
f-3			10-Nov		
g-1					
h-1			1-Oct		
i-1	15-Dec	15-May			
i-2		10-May			
i-3			5-Oct		
j-1			1-Oct		
j-2				13-Nov	
j-3				20-Nov	

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Legend for Business Events in Scenario 1

a-1	Eligibility for Enrollment for Bill and Jane Smith
b-1	Enrollment for Bill and Jane Smith
c-1	Issue NAS for Jane Smith
c-2	NAS Inquiry for Jane Smith
d-1	PCM Change for Jane Smith
e-1	MTF Coverage for Smith Family
f-1	Add Newborn to DEERS (Sally Smith)
f-2	Enrollment for Jane Smith into Family Coverage
f-3	Enrollment for Sally Smith into Family Coverage
g-1	Enrollment Transfer for Smith Family
h-1	MTF Coverage for Smith Family
i-1	Claims Coverage for Smith Family
i-2	Inquiry for Catastrophic Cap and Deductible Totals and Lock for Jane Smith
i-3	Update Catastrophic Cap and Deductible Amounts for Jane Smith
j-1	Claims Coverage for Smith Family
j-2	Inquiry for Catastrophic Cap and Deductible Totals and Lock for Sally Smith
j-3	Update Catastrophic Cap and Deductible Amounts for Sally Smith

SCENARIO 1a: Eligibility Inquiry for Enrollment for Bill and Jane Smith, both the sponsor and spouse

This will show the Eligibility for Enrollment Inquiry for the sponsor and spouse.

Inquiry for Enrollment of Bill and Jane Smith — Inquiry for Eligibility for Enrollment

Who:

Person/Family Transaction Type Code: "Family"
Person Type Code: "Sponsor"
* Inquiry Person Identifier: "5326688999"
*Person Identifier Type Code: "SSN"
*Person Last Name: "Smith"
*Person Birth Date: "July 7, 1961"

OR

*DEERS Identifier: " " [used in place of the asterisked items]

What:

HCDP Type Code: "Health Care"

When:

HCDP Eligibility Inquiry Calendar Date: "January 1, 1998"

Response Information:

Subscriber Information:

DEERS Identifier: "333567899 00"
Person Identifier: "532688999"
Person Identifier Type Code: "SSN"

Personnel:

Personnel Category Code: "Active Duty"
Service Code: "Army"
Pay Plan Code: "Military Officer"
Pay Grade Code: "03"
Pay Grade Date: "October 1, 1997"
Rank Code: "Captain"
Person Death Date: "N/A"
UIC: "3d Infantry Battalion, Fort Myers, VA"
Work Location Country Code: "USA"
Work Location Postal Region Zip Code: "22302"
Work Location Postal Region Zip Extension Code: "1234"

Demographics:

Person Last Name: "Smith"
Person First Name: "Bill"

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Person Middle Name:	“ ”
Person Cadency Name:	“ ”
Person Birth Date:	“July 7, 1961”
Person Sex Code:	“Male”
Mailing Address Date:	“October 1, 1997”
Mailing Address Line 1 Text:	“734 Hubbard Street”
Mailing Address Line 2 Text:	“ ”
Mailing Address City Name:	“Arlington”
Mailing Address State Code:	“VA”
Mailing Address Country Code:	“USA”
Mailing Address Postal Region Zip Code:	“22302”
Mailing Address Postal Region Zip Extension Code:	“5689”
Home Telephone Number Code:	“7035866796”
Work Telephone Number Code:	“7036960822”
Fax Telephone Number Code:	“ ”

Coverage Plan Enrollment Information

Segment 1:

<i>HCDP Plan Coverage Code:</i>	“N/A for coverage plan”
<i>HCDP Enrollment Fee Payment Calendar Date:</i>	“N/A for coverage plan”
<i>HCDP Enrollment Fee Payment Paid-Through Calendar Date:</i>	“N/A for coverage plan”
<i>HCDP Enrollment Fee Payment Plan Type Code:</i>	“N/A for coverage plan”
<i>HCDP Enrollment Fee Payment Total Dollar Amount:</i>	“N/A for coverage plan”
<i>HCDP Enrollment Fee Status Code:</i>	“N/A for coverage plan”
<i>Family Prime Enrollment Anniversary Calendar Date:</i>	“N/A for coverage plan”

Family Catastrophic Cap and Deductible Totals

Segment 1:

<i>Family Fiscal Year Catastrophic Cap Cumulative Amount:</i>	“N/A for coverage plan”
<i>Family Fiscal Year Code:</i>	“N/A for coverage plan”
<i>Family Prime Enrollment Year Catastrophic Cap Cumulative Amount:</i>	“N/A for coverage plan”
<i>Family Prime Enrollment Effective Calendar Date:</i>	“N/A for coverage plan”

Insured (Bill Smith):

HCDP Segment 1:

HCDP Type Code:	“Health Care”
HCDP Plan Coverage Code:	“Direct Care for Active Duty Sponsors”
HCDP Begin Calendar Date:	“October 1, 1997”
HCDP End Calendar Date:	“Indefinite”
HCDP End Reason Code:	“ ”

Enrollment Segment 1:

<i>HCDP Enrollment Management System</i>	“N/A for coverage plan”
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Name:

HCDP Enrollment Begin Calendar Date: "N/A for coverage plan"

HCDP Enrollment End Calendar Date: "N/A for coverage plan"

HCDP Enrollment End Reason Code: "N/A for coverage plan"

HCDP Individual Enrollment Fee Waiver Reason Code: "N/A for coverage plan"

PCM Segment 1:

PCM Region Identifier: "N/A for coverage plan"

PCM Network Provider Type Code: "N/A for coverage plan"

PCM Enrolling Division DMIS Identifier: "N/A for coverage plan"

PCM Identifier: "N/A for coverage plan"

PCM Identifier Type Code: "N/A for coverage plan"

PCM Name: "N/A for coverage plan"

PCM Telephone Number Code: "N/A for coverage plan"

PCM Selection Begin Calendar Date: "N/A for coverage plan"

PCM Selection End Calendar Date: "N/A for coverage plan"

PCM Selection End Reason Code: "N/A for coverage plan"

Other Health Insurance (OHI) Segment 1:

OHI Carrier Identifier: " "

OHI Policy Identifier: " "

OHI Effective Calendar Date: " "

OHI Expiration Calendar Date: " "

OHI Last Update Calendar Date: " "

OHI Last Update System Name: " "

OHI Medical Coverage Indicator Code: " "

OHI Dental Coverage Indicator Code: " "

OHI Inpatient Hospital Coverage Indicator Code: " "

OHI Outpatient Hospital Coverage Indicator Code: " "

OHI Long Term Care Coverage Indicator Code: " "

OHI Pharmacy Coverage Indicator Code: " "

OHI Mental Health Coverage Indicator Code: " "

OHI Vision Coverage Indicator Code: " "

Other Government Programs (OGP) Segment 1:

OGP Type Code: " "

OGP Begin Reason Code: " "

OGP Effective Calendar Date: " "

OGP Expiration Calendar Date: " "

Insured (Jane Smith):

DEERS Identifier: "333567899 01"

Association:

Person Association Reason Code: "Spouse"

Person Association Begin Date: "June 6, 1983"

Person Association End Date: " "

Person Identifier: "783562255"

Person Identifier Type Code: "SSN"

Demographics:

Person Last Name:	"Smith"
Person First Name:	"Jane"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"August 7, 1962"
Person Sex Code:	"Female"
Mailing Address Date:	"October 1, 1997"
Mailing Address Line 1 Text:	"734 Hubbard Street"
Mailing Address Line 2 Text:	" "
Mailing Address City Name:	"Arlington"
Mailing Address State Code:	"VA"
Mailing Address Country Code:	"USA"
Mailing Address Postal Region Zip Code:	"22302"
Mailing Address Postal Region Zip Extension Code:	"5689"
Home Telephone Number Code:	"7035866796"
Work Telephone Number Code:	" "
Fax Telephone Number Code:	" "

HCDP Segment 1:

HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Standard Individual Coverage For Active Duty Family Members"
HCDP Begin Calendar Date:	"October 1, 1997"
HCDP End Calendar Date:	"Indefinite "
HCDP End Reason Code:	" "

Enrollment Segment 1:

<i>HCDP Enrollment Management System Name:</i>	"N/A for coverage plan"
<i>HCDP Enrollment Begin Calendar Date:</i>	"N/A for coverage plan"
<i>HCDP Enrollment End Calendar Date:</i>	"N/A for coverage plan"
<i>HCDP Enrollment End Reason Code:</i>	"N/A for coverage plan"
<i>HCDP Individual Enrollment Fee Waiver Reason Code:</i>	"N/A for coverage plan"

PCM Segment 1:

<i>PCM Region Identifier:</i>	"N/A for coverage plan"
<i>PCM Network Provider Type Code:</i>	"N/A for coverage plan"
<i>PCM Enrolling Division DMIS Identifier:</i>	"N/A for coverage plan"
<i>PCM Identifier:</i>	"N/A for coverage plan"
<i>PCM Identifier Type Code:</i>	"N/A for coverage plan"
<i>PCM Name:</i>	"N/A for coverage plan"
<i>PCM Telephone Number Code (current):</i>	"N/A for coverage plan"
<i>PCM Selection Begin Calendar Date:</i>	"N/A for coverage plan"
<i>PCM Selection End Calendar Date:</i>	"N/A for coverage plan"
<i>PCM Selection End Reason Code:</i>	"N/A for coverage plan"

Other Health Insurance (OHI) Segment 1:

<i>OHI Carrier Identifier:</i>	" "
<i>OHI Policy Identifier:</i>	" "

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OHI Effective Calendar Date:	“	”
OHI Expiration Calendar Date:	“	”
OHI Last Update Calendar Date:	“	”
OHI Last Update System Name:	“	”
OHI Medical Coverage Indicator Code:	“	”
OHI Dental Coverage Indicator Code:	“	”
OHI Inpatient Hospital Coverage Indicator Code:	“	”
OHI Outpatient Hospital Coverage Indicator Code:	“	”
OHI Long Term Care Coverage Indicator Code:	“	”
OHI Pharmacy Coverage Indicator Code:	“	”
OHI Mental Health Coverage Indicator Code:	“	”
OHI Vision Coverage Indicator Code:	“	”
Other Government Programs (OGP) Segment 1:		
OGP Type Code:	“	”
OGP Begin Reason Code:	“	”
OGP Effective Calendar Date:	“	”
OGP Expiration Calendar Date:	“	”

SCENARIO 1b: Enrollment for Bill and Jane Smith

This is an example of enrolling the Active Duty Sponsor and his spouse into an Active Duty Health Care Delivery Program. There is always a separate enrollment transaction for each individual being enrolled into a coverage plan.

Enrollment for Bill Smith — Enrollment Information Sent to DEERS

Subscriber:

DEERS Identifier: "333567899 00"

Subscriber Enrollment Fee Information:

HCDP Enrollment Fee Payment Calendar "N/A for coverage plan"

Date:

HCDP Enrollment Fee Payment Paid-Through "N/A for coverage plan"

Calendar Date:

HCDP Enrollment Fee Payment Plan Type "N/A for coverage plan"

Code:

HCDP Enrollment Fee Payment Applied Dollar "N/A for coverage plan"

Amount:

HCDP Enrollment Fee Payment Exception "N/A for coverage plan"

Reason Code:

Insured Information (Bill Smith):

DEERS Identifier: "333567899 00"

Enrollment Information:

HCDP Action Code: "New Enrollment"

HCDP Type Code: "Health Care"

HCDP Plan Coverage Code: "TRICARE Prime For Active Duty Sponsors"

HCDP Enrollment Begin Calendar Date: "January 1, 1998"

HCDP Enrollment End Calendar Date: "N/A for coverage plan"

HCDP Individual Enrollment Fee Waiver "N/A for coverage plan"

Reason Code:

PCM Region Identifier: "1"

PCM Network Provider Type Code: "Direct"

PCM Enrolling Division DMIS Identifier: "Walter Reed Army Medical Center remote clinic"

PCM Identifier: "795111111111"

PCM Identifier Type Code: "Tax Identifier"

PCM Name: "Dr. Adams"

PCM Telephone Number Code: "7035879876"

Person Information:

"Person updates can also be sent with an enrollment"

OHI Information:

"OHI updates can also be sent with an enrollment"

Enrollment for Jane Smith — Enrollment Information Sent to DEERS

Subscriber:

DEERS Identifier: "333567899 00"

Subscriber Enrollment Fee Information:

HCDP Enrollment Fee Payment Calendar "N/A for coverage plan"

Date:

HCDP Enrollment Fee Payment Paid-Through "N/A for coverage plan"

Calendar Date:

HCDP Enrollment Fee Payment Plan Type "N/A for coverage plan"

Code:

HCDP Enrollment Fee Payment Applied Dollar "N/A for coverage plan"

Amount:

HCDP Enrollment Fee Payment Exception "N/A for coverage plan"

Reason Code:

Insured Information:

DEERS Identifier: "333567899 01"

Enrollment Information (Jane Smith):

HCDP Action Code: "New Enrollment"

HCDP Type Code: "Health Care"

HCDP Plan Coverage Code: "TRICARE Prime Individual Coverage
For Active Duty Family Members"

HCDP Enrollment Begin Calendar Date: "January 1, 1998"

HCDP Enrollment End Calendar Date: "December 31, 1998"

HCDP Individual Enrollment Fee Waiver "N/A for coverage plan"

Reason Code:

PCM Region Identifier: "1"

PCM Network Provider Type Code: "Direct"

PCM Enrolling Division DMIS Identifier: "Walter Reed Army Medical Center
remote clinic"

PCM Identifier: "624111111111"

PCM Identifier Type Code: "Tax Identifier"

PCM Name: "Dr. Tom"

PCM Telephone Number Code: "7025784321"

Person Information:

"Person updates can also be sent with
an enrollment"

OHI Information:

OHI Access/Update Code: "data was added"

OHI Carrier Identifier: "BANVA1000"

OHI Policy Identifier: "251092 "

OHI Policyholder Person Association Reason Code:	"spouse"
OHI Policyholder Last Name:	"Smith"
OHI Policyholder First Name:	"Bill"
OHI Policyholder Middle Name:	" "
OHI Policyholder Identifier:	"532688999"
OHI Effective Calendar Date:	"January 1, 1998"
OHI Expiration Calendar Date:	"December 31, 1998"
OHI Medical Coverage Indicator Code:	"Yes"
OHI Dental Coverage Indicator Code:	"No"
OHI Inpatient Hospital Coverage Indicator Code:	"Yes"
OHI Outpatient Hospital Coverage Indicator Code:	"Yes"
OHI Long Term Care Coverage Indicator Code:	"No"
OHI Pharmacy Coverage Indicator Code:	"Yes"
OHI Mental Health Care Coverage Indicator Code:	"No"
OHI Vision Coverage Indicator Code:	"Yes"
OHI Group Plan Name:	"Bankers Security Life Insurance Society"
OHI Group Plan Identifier:	"285967"
OHI Group Employer Name:	"Bankers Trust Company"
OHI Group Employer Mailing Address Line1 Text:	"1545 15 th Street North"
OHI Group Employer Mailing Address Line2 Text:	" "
OHI Group Employer Mailing Address City Name:	"Arlington"
OHI Group Employer Mailing Address State Code:	"VA"
OHI Group Employer Mailing Address Country Code:	"USA"
OHI Group Employer Mailing Address Postal Region Zip Code:	"22201"
OHI Group Employer Mailing Address Postal Region Zip Extension Code:	"5432"
OHI Group Employer Telephone Number Code:	"(703) 558-1234"

SCENARIO 1c: Issue and Inquire a Non-Availability Statement (NAS) for Jane Smith

- Jane is issued an NAS for her pregnancy.
- An MTF Coverage Inquiry should be performed before issuing an NAS. This ensures there is not an existing NAS for the same reason.

NAS Issue for Jane Smith

Sponsor Information:

NAS Sponsor SSN:	"532688999"
NAS Sponsor Surname Text:	"Smith"
NAS Sponsor Forename Text:	"Bill"
NAS Sponsor Middle Name Text:	" "
NAS Sponsor Cadency Name Text:	" "
NAS Sponsor Service Branch Classification Code:	"Army"

Patient Information (Jane Smith):

Patient Identifier:	"113576761"
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Nonavailability Statement (NAS) Information:

NAS Action Code:	"Data was added"
NAS Diagnostic Category Code:	"Pregnancy, Childbirth and the Puerperium (14)"
NAS Patient Category Code:	"Dependent of Active Duty (1)"
NAS Issue Reason Code:	"Proper facilities are temporarily not available in a safe or timely manner (a)"

NAS Issuing Facility DMIS Identifier:	"Walter Reed Army Medical Center remote clinic"
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NAS Issue Calendar Date:	"March 31, 1998"
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NAS Issuing Official Surname Text:	"Ardennes"
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NAS Issuing Official Forename Text:	"Robert"
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NAS Issuing Official Middle Name Text:	" "
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NAS Issuing Official Rank Text:	"Captain"
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NAS Issuing Official Title Text:	"Chief, Patient Administration"
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NAS Admitting Treatment Facility Calendar Date:	" "
---	-----

NAS Admitting Treatment Facility Name:	" "
--	-----

NAS Medically Inappropriate Treatment Facility DMIS Identifier:	" "
---	-----

NAS Medically Inappropriate Mileage Quantity:	" "
---	-----

NAS Medically Inappropriate Reason Code:	" "
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NAS Remark Text:	" "
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DEERS NAS Issuance Response

NAS Issuance Response Information (Jane Smith):

NAS Identifier:	"0004119980331001"
Patient Identifier:	"113576761"
OHI Indicator:	"Yes, there is OHI for this patient"

NAS Inquiry for Jane Smith

Who:

Person Type Code:	"Dependent"
*Inquiry Person Identifier:	"783562255"
*Person Identifier Type Code:	"SSN"
*Person Last Name:	"Smith"
*Person Birth Date:	"August 7, 1962"

OR

*DEERS Identifier:	" " [used in place of the asterisked items]
---------------------------	---

OR

*Patient Identifier:	" " [used in place of the asterisked items]
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What:

*NAS Inquiry Begin Calendar Date:	"December 15, 1997"
*NAS Inquiry End Calendar Date:	"April 30, 1998"

OR

*NAS Identifier:	" " [used in place of the asterisked items]
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Response:

Sponsor Information:

NAS Sponsor SSN:	"532688999"
NAS Sponsor Surname Text:	"Smith"
NAS Sponsor Forename Text:	"Bill"
NAS Sponsor Middle Name Text:	" "
NAS Sponsor Cadency Name Text:	" "
NAS Sponsor Service Branch Classification Code:	"Army"

Patient Information (Jane Smith):

Patient Identifier:	"113576761"
NAS Patient Surname Text:	"Smith"
NAS Patient Forename Text:	"Jane"
NAS Patient Middle Name Text:	" "
NAS Patient Cadency Name Text:	" "
NAS Patient Birth Calendar Date:	"August 7, 1962"
NAS Patient Sex Code:	"Female"
NAS Patient Mailing Address Line 1 Text:	"734 Hubbard Street"
NAS Patient Mailing Address Line 2 Text:	" "
NAS Patient Mailing Address City Name:	"Arlington"
NAS Patient Mailing Address State Code:	"VA"
NAS Patient Mailing Address Country Code:	"USA"
NAS Patient Mailing Address Postal Region Zip Code:	"22302"
NAS Patient Mailing Address Postal Region	"5689"

Zip Extension Code:

Nonavailability Statement (NAS) Information:

NAS Identifier:	"0004119980331001"
NAS Identifier Type Code:	"Redesigned DEERS"
NAS Status Code:	" "
NAS Diagnostic Category Code:	"Pregnancy, Childbirth and the Puerperium (14)"
NAS Patient Category Code:	"Dependent of Active Duty (1)"
NAS Issue Reason Code:	"Proper facilities are temporarily not available in a safe or timely manner (a)"
NAS Issuing Facility DMIS Identifier:	"Walter Reed Army Medical Center remote clinic"
NAS Issuing Service Branch Classification Code:	"U.S. Army"
NAS Issue Calendar Date:	"March 31, 1998"
NAS Cancel Calendar Date:	" "
NAS Issuing Official Surname Text:	"Ardennes"
NAS Issuing Official Forename Text:	"Robert"
NAS Issuing Official Middle Name Text:	" "
NAS Issuing Official Rank Text:	"Captain"
NAS Issuing Official Title Text:	"Chief, Patient Administration"
NAS Admitting Treatment Facility Calendar Date:	" "
NAS Admitting Treatment Facility Name:	" "
NAS Medically Inappropriate Treatment Facility DMIS Identifier:	" "
NAS Medically Inappropriate Mileage Quantity:	" "
NAS Medically Inappropriate Reason Code:	" "
NAS Medically Inappropriate Treatment Facility Mailing Address City Name:	" "
NAS Medically Inappropriate Treatment Facility Mailing Address State Code:	" "
NAS Medically Inappropriate Treatment Facility Mailing Address Country Code:	" "
NAS Medically Inappropriate Treatment Facility Mailing Address Postal Region Zip Code:	" "
NAS Medically Inappropriate Treatment Facility Mailing Postal Region Zip Extension Code:	" "
NAS Remark Text:	" "
OHI Indicator:	"Yes, there is OHI for this patient"

SCENARIO 1d: Modification of Health Benefit Program Enrollment (PCM Change) for Jane Smith

- Jane Smith changes her PCM Network from “Direct” to “Civilian”.

PCM Change for the Jane Smith

Insured Information:

DEERS Identifier: “333567899 01”

Enrollment Information:

HCDP Type Code: “Health Care”

HCDP Plan Coverage Code: “TRICARE Prime Individual Coverage for Active Duty Family Members”

HCDP Enrollment Begin Calendar Date: “January 1, 1998”

PCM Update Information:

PCM Access/Update Code “Data was changed”

PCM Region Identifier: “1”

PCM Network Provider Type Code: “Civilian”

PCM Enrolling Division DMIS Identifier: “ ”

PCM Identifier: “ ”

PCM Identifier Type Code: “ ”

PCM Name: “ ”

PCM Telephone Number Code: “ ”

PCM Selection Begin Calendar Date: “May 1, 1998”

PCM Selection End Reason Code: “Dissatisfied with Primary Care Manager”

SCENARIO 1e: MTF Coverage Inquiry for the Smith family

An MTF Coverage Inquiry covering the period December 15, 1997 through May 15, 1998. The MTF Coverage shows a variety of Health Care Coverage segments demonstrating the various Health Care Delivery Programs and the PCM Change of the Smith family.

MTF Coverage Inquiry for the Smith family

Who:

Person/Family Transaction Type Code:	"Family"
Person Type Code:	"Dependent"
*Inquiry Person Identifier:	"783562255"
*Person Identifier Type Code:	"SSN"
*Person Last Name:	"Smith"
*Person Birth Date:	"August 7, 1962"

OR

*Patient Identifier:	" " [used in place of the asterisked items]
-----------------------------	---

What:

HCDP Type Code:	"Health Care"
------------------------	---------------

When:

Health Care Coverage Inquiry Begin Calendar Date:	"December 15, 1997"
Health Care Coverage Inquiry End Calendar Date:	"May 15, 1998"

Response:

Sponsor Information:

Patient Identifier:	"113576888"
Person Identifier:	"532688999"
Person Identifier Type Code:	"SSN"

Current Personnel:

Personnel Category Code:	"Active Duty"
Service Code:	"Army"
Pay Plan Code:	"Military Officer"
Pay Grade Code:	"03"
Pay Grade Date:	"October 1, 1997"
Rank Code:	"Captain"
Person Death Date:	"N/A"
UIC:	"3d Infantry Battalion, Fort Myers, VA"
Work Location Country Code:	"USA"
Work Location Postal Region Zip Code:	"22302"
Work Location Postal Region Zip Extension Code:	"1234"

Current Demographics:

Person Last Name:	"Smith"
Person First Name:	"Bill"

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Person Middle Name:	“ “
Person Cadency Name:	“ “
Person Birth Date:	“July 7, 1961”
Person Sex Code:	“Male”

Patient Information (Bill Smith):

Patient Identifier:	“113576888”
Person Identifier:	“532688999”
Person Identifier Type Code:	“SSN”
Person Association Reason Code:	“Self”
Person Association Begin Date:	“July 7, 1961”
Person Association End Date:	“Indefinite”
Person Last Name:	“Smith”
Person First Name:	“Bill”
Person Middle Name:	“ “
Person Cadency Name:	“ “
Person Birth Date:	“July 7, 1961”
Person Sex Code:	“Male”
Mailing Address Date:	“October 1, 1997”
Mailing Address Line 1 Text:	“734 Hubbard Street”
Mailing Address Line 2 Text:	“ “
Mailing Address City Name:	“Arlington”
Mailing Address State Code:	“VA”
Mailing Address Country Code:	“USA”
Mailing Address Postal Region Zip Code:	“22302”
Mailing Address Postal Region Zip Extension Code:	“5689”
Home Telephone Number Code:	“7035866796”
Work Telephone Number Code:	“7036960822”
Fax Telephone Number Code:	“ ”
Person Death Date:	“ “
Organ Donor Code:	“ “
Organ Donor Date:	“ “
Blood Type Code:	“O+”
Blood Type Verification Code:	“V”
Blood Type Source Code:	“MTF”

Health Care Coverage Segment 1:

HCDP Type Code:	“Health Care”
HCDP Plan Coverage Code:	“Direct Care for Active Duty Sponsors”
Health Care Coverage Enrollment Status Code:	“N/A for coverage plan”
Health Care Coverage CoPayment Factor Code:	“Active Duty E5 and above rate”
Health Care Coverage Special Entitlement Code (exemptions):	“ “
Health Care Coverage Service Code:	“Army”
Health Care Coverage Member Category Code:	“Active Duty”

Health Care Coverage Member Relationship Code:	"Self"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"03"
Health Care Coverage Begin Calendar Date:	"December 15, 1997"
Health Care Coverage End Calendar Date:	"December 31, 1997"
Health Care Coverage End Reason Code:	"Enrollment"
Health Care Coverage Segment 2:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Prime For Active Duty Sponsors"
Health Care Coverage Enrollment Status Code:	"Complete"
Health Care Coverage CoPayment Factor Code:	"Active Duty E5 and above rate"
Health Care Coverage Special Entitlement Code (exemptions):	" "
Health Care Coverage Service Code:	"Army"
Health Care Coverage Member Category Code:	"Active Duty"
Health Care Coverage Member Relationship Code:	"Self"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"03"
Health Care Coverage Begin Calendar Date:	"January 1, 1998"
Health Care Coverage End Calendar Date:	"May 15, 1998"
Health Care Coverage End Reason Code:	"End of Inquiry"
PCM Segment 1:	
PCM Region Identifier:	"1"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Walter Reed Army Medical Center remote clinic"
PCM Identifier:	"795111111111"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. Adams"
PCM Telephone Number Code (current):	"7025879876"
PCM Selection Begin Calendar Date:	"January 1, 1998"
PCM Selection End Calendar Date:	"May 15, 1998"
PCM Selection End Reason Code:	"End of Inquiry"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	" "
OHI Policy Identifier:	" "
OHI Effective Calendar Date:	" "
OHI Expiration Calendar Date:	" "
OHI Last Update Calendar Date:	" "
OHI Last Update System Name:	" "
OHI Medical Coverage Indicator Code:	" "
OHI Dental Coverage Indicator Code:	" "
OHI Inpatient Hospital Coverage Indicator	" "

Code:
OHI Outpatient Hospital Coverage Indicator “ “
Code:
OHI Long Term Care Coverage Indicator “ “
Code:
OHI Pharmacy Coverage Indicator Code:
OHI Mental Health Coverage Indicator Code “ “
OHI Vision Coverage Indicator Code: “ “

Other Government Programs (OGP) Segment 1:

OGP Type Code: “ “
OGP Begin Reason Code: “ “
OGP Effective Calendar Date: “ “
OGP Expiration Calendar Date: “ “

Nonavailability Statement (NAS) Segment 1:

NAS Identifier: “ “
NAS Issuing Facility DMIS Identifier: “ “
NAS Issue Calendar Date: “ “
NAS Cancel Calendar Date: “ “

Patient Information (Jane Smith):

Patient Identifier: “113576761”
Person Identifier: “783562255”
Person Identifier Type Code: “SSN”
Person Association Reason Code: “Spouse”
Person Association Begin Date: “June 6, 1983”
Person Association End Date: “ “
Person Last Name: “Smith”
Person First Name: “Jane”
Person Middle Name: “ “
Person Cadency Name: “ “
Person Birth Date: “August 7, 1962”
Person Sex Code: “Female”
Mailing Address Date: “October 1, 1997”
Mailing Address Line 1 Text: “734 Hubbard Street”
Mailing Address Line 2 Text: “ “
Mailing Address City Name: “Arlington”
Mailing Address State Code: “VA”
Mailing Address Country Code: “USA”
Mailing Address Postal Region Zip Code: “22302”
Mailing Address Postal Region Zip Extension “5689”
Code:
Home Telephone Number Code: “7035866796”
Work Telephone Number Code: “ “
Fax Telephone Number Code: “ “
Person Death Date: “ “
Organ Donor Code: “ “
Organ Donor Date: “ “
Blood Type Code: “AB-“
Blood Type Verification Code: “V”

Blood Type Source Code:	"MTF"
Health Care Coverage Segment 1:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Standard For Active Duty Family Members"
Health Care Coverage Enrollment Status Code:	"N/A for coverage plan"
Health Care Coverage CoPayment Factor Code:	"Active Duty E5 and above rate"
Health Care Coverage Special Entitlement Code (exemptions):	" "
Health Care Coverage Service Code:	"Army"
Health Care Coverage Member Category Code:	"Active Duty"
Health Care Coverage Member Relationship Code:	"Spouse"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"03"
Health Care Coverage Begin Calendar Date:	"December 15, 1997"
Health Care Coverage End Calendar Date:	"December 31, 1997"
Health Care Coverage End Reason Code:	"Enrolled"
Health Care Coverage Segment 2:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Prime Individual Coverage For Active Duty Family Members"
Health Care Coverage Enrollment Status Code:	"Complete"
Health Care Coverage CoPayment Factor Code:	"Active Duty E5 and above rate"
Health Care Coverage Special Entitlement Code (exemptions):	" "
Health Care Coverage Service Code:	"Army"
Health Care Coverage Member Category Code:	"Active Duty"
Health Care Coverage Member Relationship Code:	"Spouse"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"03"
Health Care Coverage Begin Calendar Date:	"January 1, 1998"
Health Care Coverage End Calendar Date:	"May 15, 1998"
Health Care Coverage End Reason Code:	"End of Inquiry"
PCM Segment 1:	
PCM Region Identifier:	"1"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Walter Reed Army Medical Center remote Clinic"
PCM Identifier:	"624111111111"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. Tom"

PCM Telephone Number Code (current):	"7025784321"
PCM Selection Begin Calendar Date:	"January 1, 1998"
PCM Selection End Calendar Date:	"April 30, 1998"
PCM Selection End Reason Code:	"Dissatisfied with Primary Care Manager"
PCM Segment 2:	
PCM Region Identifier:	"1"
PCM Network Provider Type Code:	"Civilian"
PCM Enrolling Division DMIS Identifier:	" "
PCM Identifier:	" "
PCM Identifier Type Code:	" "
PCM Name:	" "
PCM Telephone Number Code (current):	" "
PCM Selection Begin Calendar Date:	"May 1, 1998"
PCM Selection End Calendar Date:	"May 15, 1998"
PCM Selection End Reason Code:	"End of Inquiry"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	"BANVA1000"
OHI Policy Identifier:	"251092"
OHI Effective Calendar Date:	"January 1, 1998"
OHI Expiration Calendar Date:	"December 31, 1998"
OHI Last Update Calendar Date:	"January 1, 1998"
OHI Last Update System Name:	"Walter Reed Army Medical Center remote clinic"
OHI Medical Coverage Indicator Code:	"Yes"
OHI Dental Coverage Indicator Code:	"No"
OHI Inpatient Hospital Coverage Indicator Code:	"Yes"
OHI Outpatient Hospital Coverage Indicator Code:	"Yes"
OHI Long Term Care Coverage Indicator Code:	"No"
OHI Pharmacy Coverage Indicator Code:	"Yes"
OHI Mental Health Care Coverage Indicator Code:	"No"
OHI Vision Coverage Indicator Code:	"Yes"
Other Government Programs (OGP) Segment 1:	
OGP Type Code:	" "
OGP Begin Reason Code:	" "
OGP Effective Calendar Date:	" "
OGP Expiration Calendar Date:	" "
Nonavailability Statement (NAS) Segment 1:	
NAS Identifier:	"0004119980331001"
NAS Issuing Facility DMIS Identifier:	"Walter Reed Army Medical Center remote clinic"
NAS Issue Calendar Date:	"March 31, 1998"
NAS Cancel Calendar Date:	" "

SCENARIO 1f: Add Newborn – Sally, enrollment into Family Coverage plan for Jane and Sally

This scenario shows the birth of Sally to Captain Bill and Jane Smith following their enrollment into the TRICARE Prime for Active Duty Family Members. It provides the information required for adding Sally to DEERS, the DEERS response for adding Sally, and an enrollment of Sally into TRICARE Prime for Active Duty Family Members. There is also an enrollment change for Jane from an Individual coverage to a Family coverage plan.

Add Newborn to DEERS — Sally Smith

Subscriber:

DEERS Identifier: "333567899 00

Newborn Information (Sally Smith):

Person Association Reason Code:	"New Birth"
Person Association Begin Date:	"November 10, 1998"
Person Birth Date:	"November 10, 1998"
Person Sex Code:	"Female"
Person Last Name:	"Smith"
Person First Name:	"Sally"
Person Middle Name:	"Marina"
Person Cadency Name:	" "
Mailing Address Date:	"November 10, 1998"
Mailing Address Line 1 Text:	"734 Hubbard Street"
Mailing Address Line 2 Text:	" "
Mailing Address City Name:	"Arlington"
Mailing Address State Code:	"VA"
Mailing Address Country Code:	"USA"
Mailing Address Postal Region Zip Code:	"22302"
Mailing Address Postal Region Zip Extension Code:	"5689"
Home Telephone Number Code:	"7035866796"
Work Telephone Number Code:	" "
Fax Telephone Number Code:	" "
Person Information:	
Person Action Code:	"Add Newborn to DEERS"

DEERS Response to Add Newborn to DEERS — Sally Smith

Newborn Information (Sally Smith):

DEERS Identifier:	"333567899 <u>02</u>
Person Identifier:	"800560987"
Person Identifier Type Code:	"Temporary Id Number"
Person Last Name:	"Smith"
Person First Name:	"Sally"
Person Middle Name:	"Marina"
Person Cadency Name:	" "

New Enrollment for Jane Smith into Family Coverage Plan

An inquiry for eligibility for enrollment should be done prior to switching Jane from an Individual to Family Coverage Plan and also to determine the DEERS assigned coverage for Sally. The DEERS assigned coverage is used to determine the enrolled coverage for Sally. The following enrollment will change Jane's coverage from Individual to Family for TRICARE Prime. DEERS will set the end date for her Individual coverage and no disenrollment notification is necessary from the enrolling organization.

Subscriber:

DEERS Identifier: "333567899 00

Subscriber Enrollment Fee Information:

HCDP Enrollment Fee Payment Calendar "N/A for coverage plan"

Date:

HCDP Enrollment Fee Payment Paid-Through "N/A for coverage plan"

Calendar Date:

HCDP Enrollment Fee Payment Plan Type "N/A for coverage plan"

Code:

HCDP Enrollment Fee Payment Applied Dollar "N/A for coverage plan"

Amount:

HCDP Enrollment Fee Payment Exception "N/A for coverage plan"

Reason Code:

Insured Information:

DEERS Identifier: "333567899 01"

Enrollment Information (Jane Smith):

HCDP Action Code: "New Enrollment"

HCDP Type Code: "Health Care"

HCDP Plan Coverage Code: "TRICARE Prime Family Coverage For Active Duty Family Members"

HCDP Enrollment Begin Calendar Date: "November 1, 1998"

HCDP Enrollment End Calendar Date: "October 31, 1999"

HCDP Individual Enrollment Fee Waiver "N/A for coverage plan"

Reason Code:

PCM Region Identifier: "1"

PCM Network Provider Type Code: "Civilian"

PCM Enrolling Division DMIS Identifier: " "

PCM Identifier: " "

PCM Identifier Type Code: " "

PCM Name: " "

PCM Telephone Number Code: " "

Person Information:

"Person updates can also be sent with an enrollment"

OHI Information:

"OHI updates can also be sent with an enrollment"

Enrollment for Sally Smith — Enrollment Information Sent to DEERS

Subscriber:

DEERS Identifier: "333567899 00"

Subscriber Enrollment Fee Information:

HCDP Enrollment Fee Payment Calendar "N/A for coverage plan"

Date:

HCDP Enrollment Fee Payment Paid-Through "N/A for coverage plan"

Calendar Date:

HCDP Enrollment Fee Payment Plan Type "N/A for coverage plan"

Code:

HCDP Enrollment Fee Payment Applied Dollar "N/A for coverage plan"

Amount:

HCDP Enrollment Fee Payment Exception "N/A for coverage plan"

Reason Code:

Insured Information:

DEERS Identifier: "333567899 02"

Enrollment Information:

HCDP Action Code: "New Enrollment"

HCDP Type Code: "Health Care"

HCDP Plan Coverage Code: "TRICARE Prime Family Coverage For Active Duty Family Members"

HCDP Enrollment Begin Calendar Date: "November 10, 1998"

HCDP Enrollment End Calendar Date: "October 31, 1998" [end of family enrollment]

HCDP Individual Enrollment Fee Waiver "N/A for coverage plan"

Reason Code:

PCM Region Identifier: "1"

PCM Network Provider Type Code: "Civilian"

PCM Enrolling Division DMIS Identifier: " "

PCM Identifier: " "

PCM Identifier Type Code: " "

PCM Name: " "

PCM Telephone Number Code: " "

Person Information:

"Person updates can also be sent with an enrollment"

OHI Information:

"OHI updates can also be sent with an enrollment"

SCENARIO 1g: Transfer of Enrollment/Enrollment Portability

This scenario shows the Smith family moving to Texas and the process of an enrollment transfer from Virginia. This scenario does not show the disenrollment notifications that would be sent by DEERS to the losing systems which previously managed the enrollments for the Smith family.

Enrollment Transfer for Bill Smith

Insured:

DEERS Identifier: "333567899 00"

Enrollment Information (Bill Smith):

HCDP Action Code: "Enrollment Transfer"

HCDP Type Code: "Health Care"

HCDP Plan Coverage Code: "TRICARE Prime for Active Duty Sponsors"

Primary Care Manager (PCM) Information:

PCM Region Identifier: "6"

PCM Network Provider Type Code: "Direct"

PCM Enrolling Division DMIS Identifier: "Darnall Army Community Hospital"

PCM Identifier: "33355222222"

PCM Identifier Type Code: "Tax Identifier"

PCM Name: "Dr. Star"

PCM Telephone Number Code: "8172667824"

PCM Selection Begin Calendar Date: "December 1, 1998"

PCM Selection End Reason Code: "Enrollment Transfer"

Person Information:

Person Action Code: "Update Address and Telephone Number"

Mailing Address Date: "December 1, 1998"

Mailing Address Line 1 Text: "274 Lone Star Street"

Mailing Address Line 2 Text: " "

Mailing Address City: "Killeen"

Mailing Address State Code: "TX"

Mailing Address Country Code: "USA"

Mailing Address Postal Region Zip Code: "77092"

Mailing Address Postal Region Zip Extension Code: "2237"

Home Telephone Number: "8172447846"

Work Telephone Number: " "

Fax Telephone Number: " "

Enrollment Transfer for Jane Smith

Insured:

DEERS Identifier:

"333567899 01"

Enrollment Information (Jane Smith):

HCDP Action Code:

"Enrollment Transfer"

HCDP Type Code:

"Health Care"

HCDP Plan Coverage Code:

"TRICARE Prime Family
Coverage for Active Duty Family
Members"

Primary Care Manager (PCM) Information:

PCM Region Identifier:

"6"

PCM Network Provider Type Code:

"Direct"

PCM Enrolling Division DMIS Identifier:

"Darnall Army Community
Hospital"

PCM Identifier:

"333552222222"

PCM Identifier Type Code:

"Tax Identifier"

PCM Name:

"Dr. Tex"

PCM Telephone Number Code:

"8172667825"

PCM Selection Begin Calendar Date:

"December 1, 1998"

PCM Selection End Reason Code:

"Enrollment Transfer"

Person Information:

Person Action Code:

"Update Address and Telephone
Number"

Mailing Address Date:

"December 1, 1998"

Mailing Address Line 1 Text:

"274 Lone Star Street"

Mailing Address Line 2 Text:

" "

Mailing Address City:

"Killeen"

Mailing Address State Code:

"TX"

Mailing Address Country Code:

"USA"

Mailing Address Postal Region Zip Code:

"77092"

**Mailing Address Postal Region Zip Extension
Code:**

"2237"

Home Telephone Number:

"8172447846"

Work Telephone Number:

" "

Fax Telephone Number:

" "

Enrollment Transfer for Sally Smith

Insured:

DEERS Identifier:

"333567899 02"

Enrollment Information (Sally Smith):

HCDP Action Code:

"Enrollment Transfer"

HCDP Type Code:

"Health Care"

HCDP Plan Coverage Code:

"TRICARE Prime Family
Coverage for Active Duty Family
Members"

Primary Care Manager (PCM) Information:

PCM Region Identifier:

"6"

PCM Network Provider Type Code:

"Direct"

PCM Enrolling Division DMIS Identifier:

"Darnall Army Community
Hospital"

PCM Identifier:

"333554444444"

PCM Identifier Type Code:

"Tax Identifier"

PCM Name:

"Dr. Seuss"

PCM Telephone Number Code:

"8172774289"

PCM Selection Begin Calendar Date:

"December 1, 1998"

PCM Selection End Reason Code:

"Enrollment Transfer"

Person Information:

Person Action Code:

"Update Address and Telephone
Number"

Mailing Address Date:

"December 1, 1998"

Mailing Address Line 1 Text:

"274 Lone Star Street"

Mailing Address Line 2 Text:

" "

Mailing Address City:

"Killeen"

Mailing Address State Code:

"TX"

Mailing Address Country Code:

"USA"

Mailing Address Postal Region Zip Code:

"77092"

**Mailing Address Postal Region Zip Extension
Code:**

"2237"

Home Telephone Number:

"8172447846"

Work Telephone Number:

" "

Fax Telephone Number:

" "

SCENARIO 1h: MTF Coverage Inquiry

- An MTF Coverage Inquiry covering the period October 1, 1998 through December 31, 1998.
- The MTF Coverage shows a variety of Health Care Coverage segments demonstrating the birth of Sally, and the transfer of enrollment of the Smith family.
- There is only a single set of sponsor information because the information is static for this type of inquiry.

MTF Coverage Inquiry for the Smith family

Who:

Person/Family Transaction Type Code:	"Family"
Person Type Code:	"Dependent"
*Inquiry Person Identifier:	"783562255"
*Person Identifier Type Code:	"SSN"
*Person Last Name:	"Smith"
*Person Birth Date:	"August 7, 1962"

OR

*Patient Identifier:	" " [used in place of the asterisked items]
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What:

HCDP Type Code:	"Health Care"
------------------------	---------------

When:

Health Care Coverage Inquiry Begin Calendar Date:	"October 1, 1998"
Health Care Coverage Inquiry End Calendar Date:	"December 31, 1998"

Response:

Sponsor Information:

Patient Identifier:	"113576888"
Person Identifier:	"532688999"
Person Identifier Type Code:	"SSN"

Current Personnel:

Personnel Category Code:	"Active Duty"
Service Code:	"Army"
Pay Plan Code:	"Military Officer"
Pay Grade Code:	"03"
Pay Grade Date:	"October 1, 1997"
Rank Code:	"Captain"
Person Death Date:	"N/A"
UIC:	"3d Armored Division, Fort Hood, TX"
Work Location Country Code:	"USA"
Work Location Postal Region Zip Code:	"76544"
Work Location Postal Region Zip Extension Code:	"1234"

April 14, 1999

Current Demographics:

Person Last Name:	"Smith"
Person First Name:	"Bill"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"July 7, 1961"
Person Sex Code:	"Male"

Patient Information (Bill Smith):

Patient Identifier:	"113576888"
Person Identifier:	"532688999"
Person Identifier Type Code:	"SSN"
Person Association Reason Code:	"Self"
Person Association Begin Date:	"July 7, 1961"
Person Association End Date:	"Indefinite"
Person Last Name:	"Smith"
Person First Name:	"Bill"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"July 7, 1961"
Person Sex Code:	"Male"
Mailing Address Date:	"December 1, 1998"
Mailing Address Line 1 Text:	"274 Lone Star Street"
Mailing Address Line 2 Text:	" "
Mailing Address City Name:	"Killeen"
Mailing Address State Code:	"TX"
Mailing Address Country Code:	"USA"
Mailing Address Postal Region Zip Code:	"77092"
Mailing Address Postal Region Zip Extension	"2237"

Code:

Home Telephone Number Code:	"8172447846"
Work Telephone Number Code:	" "
Fax Telephone Number Code:	" "
Person Death Date:	" "
Organ Donor Code:	" "
Organ Donor Date:	" "
Blood Type Code:	"O+"
Blood Type Verification Code:	"V"
Blood Type Source Code:	"MTF"

Health Care Coverage Segment 1:

HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Prime for Active Duty Sponsors"
Health Care Coverage Enrollment Status Code:	"Complete"

Health Care Coverage CoPayment Factor Code:	"Active Duty E5 and above rate"
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Health Care Coverage Special Entitlement Code (exemptions):	" "
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Health Care Coverage Service Code:	"Army"
Health Care Coverage Member Category Code:	"Active Duty"
Health Care Coverage Member Relationship Code:	"Self"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"03"
Health Care Coverage Begin Calendar Date:	"October 1, 1998"
Health Care Coverage End Calendar Date:	"December 31, 1998"
Health Care Coverage End Reason Code:	"End of Inquiry"
PCM Segment 1:	
PCM Region Identifier:	"1"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Walter Reed Army Medical Center remote clinic"
PCM Identifier:	"795111111111"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. Adams"
PCM Telephone Number Code (current):	"7035879876"
PCM Selection Begin Calendar Date:	"October 1, 1998"
PCM Selection End Calendar Date:	"November 30, 1998"
PCM Selection End Reason Code:	"Enrollment Transfer"
PCM Segment 2:	
PCM Region Identifier:	"6"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Darnall Army Community Hospital"
PCM Identifier:	"333552222222"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. Star"
PCM Telephone Number Code (current):	"8172667824"
PCM Selection Begin Calendar Date:	"December 1, 1998"
PCM Selection End Calendar Date:	"December 31, 1998"
PCM Selection End Reason Code:	"End of Inquiry"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	" "
OHI Policy Identifier:	" "
OHI Effective Calendar Date:	" "
OHI Expiration Calendar Date:	" "
OHI Last Update Calendar Date:	" "
OHI Last Update System Name:	" "

OHI Medical Coverage Indicator Code:	" "
OHI Dental Coverage Indicator Code:	" "
OHI Inpatient Hospital Coverage Indicator Code:	" "
OHI Outpatient Hospital Coverage Indicator Code:	" "
OHI Long Term Care Coverage Indicator Code:	" "
OHI Pharmacy Coverage Indicator Code:	" "
OHI Mental Health Care Coverage Indicator Code:	" "
OHI Vision Coverage Indicator Code:	" "
Other Government Programs (OGP) Segment 1:	
OGP Type Code:	" "
OGP Begin Reason Code:	" "
OGP Effective Calendar Date:	" "
OGP Expiration Calendar Date:	" "
Nonavailability Statement (NAS) Segment 1:	
NAS Identifier:	" "
NAS Issuing Facility DMIS Identifier:	" "
NAS Issue Calendar Date:	" "
NAS Cancel Calendar Date:	" "
Patient Information (Jane Smith):	
Patient Identifier:	"113576761"
Person Identifier:	"783562255"
Person Identifier Type Code:	"SSN"
Person Association Reason Code:	"Spouse"
Person Association Begin Date:	"June 6, 1983"
Person Association End Date:	" "
Person Last Name:	"Smith"
Person First Name:	"Jane"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"August 7, 1962"
Person Sex Code:	"Female"
Mailing Address Date:	"December 1, 1998"
Mailing Address Line 1 Text:	"274 Lone Star Street"
Mailing Address Line 2 Text:	" "
Mailing Address City Name:	"Killeen"
Mailing Address State Code:	"TX"
Mailing Address Country Code:	"USA"
Mailing Address Postal Region Zip Code:	"77092"
Mailing Address Postal Region Zip Extension Code:	"2237"
Home Telephone Number Code:	"8172447846"
Work Telephone Number Code:	" "
Fax Telephone Number Code:	" "
Person Death Date:	" "

Organ Donor Code:	" "
Organ Donor Date:	" "
Blood Type Code:	"AB-"
Blood Type Verification Code:	"V"
Blood Type Source Code:	"MTF"
Health Care Coverage Segment 1:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Prime Individual Coverage For Active Duty Family Members"
	"Complete"
Health Care Coverage Enrollment Status Code:	
Health Care Coverage CoPayment Factor Code:	"Active Duty E5 and above rate"
Health Care Coverage Special Entitlement Code (exemptions):	" "
Health Care Coverage Service Code:	"Army"
Health Care Coverage Member Category Code:	"Active Duty"
Health Care Coverage Member Relationship Code:	"Spouse"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"03"
Health Care Coverage Begin Calendar Date:	"October 1, 1998"
Health Care Coverage End Calendar Date:	"October 31, 1998"
Health Care Coverage End Reason Code:	"HCDP Enrollment Change"
Health Care Coverage Segment 2:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Prime Family Coverage For Active Duty Family Members"
	"Complete"
Health Care Coverage Enrollment Status Code:	
Health Care Coverage CoPayment Factor Code:	"Active Duty E5 and above rate"
Health Care Coverage Special Entitlement Code (exemptions):	" "
Health Care Coverage Service Code:	"Army"
Health Care Coverage Member Category Code:	"Active Duty"
Health Care Coverage Member Relationship Code:	"Spouse"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"03"
Health Care Coverage Begin Calendar Date:	"November 1, 1998"
Health Care Coverage End Calendar Date:	"December 31, 1998"
Health Care Coverage End Reason Code:	"End of Inquiry"
PCM Segment 1:	
PCM Region Identifier:	"1"
PCM Network Provider Type Code:	"Civilian"

PCM Enrolling Division DMIS Identifier:	" "
PCM Identifier:	" "
PCM Identifier Type Code:	" "
PCM Name:	" "
PCM Telephone Number Code (current):	" "
PCM Selection Begin Calendar Date:	"October 1, 1998"
PCM Selection End Calendar Date:	"November 30, 1998"
PCM Selection End Reason Code:	"Enrollment Transfer"
PCM Coverage Segment 2:	
PCM Region Identifier:	"6"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Darnall Army Community Hospital"
PCM Identifier:	"33355222222"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. Tex"
PCM Telephone Number Code (current):	"8172667825"
PCM Selection Begin Calendar Date:	"December 1, 1998"
PCM Selection End Calendar Date:	"December 31, 1998"
PCM Selection End Reason Code:	"End of Inquiry"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	"BANVA1000"
OHI Policy Identifier:	"251092"
OHI Effective Calendar Date:	"January 1, 1998"
OHI Expiration Calendar Date:	"December 31, 1998"
OHI Last Update Calendar Date:	"January 1, 1998"
OHI Last Update System Name:	"Walter Reed Army Medical Center remote clinic"
OHI Medical Coverage Indicator Code:	"Yes"
OHI Dental Coverage Indicator Code:	"No"
OHI Inpatient Hospital Coverage Indicator Code:	"Yes"
OHI Outpatient Hospital Coverage Indicator Code:	"Yes"
OHI Long Term Care Coverage Indicator Code:	"No"
OHI Pharmacy Coverage Indicator Code:	"Yes"
OHI Mental Health Care Coverage Indicator Code:	"No"
OHI Vision Coverage Indicator Code:	"Yes"
Other Government Programs (OGP) Segment 1:	
OGP Type Code:	" "
OGP Begin Reason Code:	" "
OGP Effective Calendar Date:	" "
OGP Expiration Calendar Date:	" "
Nonavailability Statement (NAS) Segment 1:	
NAS Identifier:	" "
NAS Issuing Facility DMIS Identifier:	" "
NAS Issue Calendar Date:	" "
NAS Cancel Calendar Date:	" "

Patient Information (Sally Smith):

Patient Identifier:	"114575810"
Person Identifier:	"800560987"
Person Identifier Type Code:	"Temporary Id Number"
Person Association Reason Code:	"Child"
Person Association Begin Date:	"November 10, 1998"
Person Association End Date:	" "
Person Last Name:	"Smith"
Person First Name:	"Sally"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"November 10, 1998"
Person Sex Code:	"Female"
Mailing Address Date:	"December 1, 1998"
Mailing Address Line 1 Text:	"274 Lone Star Street"
Mailing Address Line 2 Text:	" "
Mailing Address City Name:	"Killeen"
Mailing Address State Code:	"TX"
Mailing Address Country Code:	"USA"
Mailing Address Postal Region Zip Code:	"77092"
Mailing Address Postal Region Zip Extension Code:	"2237"
Home Telephone Number Code:	"8172447846"
Work Telephone Number Code:	" "
Fax Telephone Number Code:	" "
Person Death Date:	" "
Organ Donor Code:	" "
Organ Donor Date:	" "
Blood Type Code:	"A+"
Blood Type Verification Code:	"V"
Blood Type Source Code:	"MTF"
Health Care Coverage Segment 1:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Prime Family Coverage For Active Duty Family Members"
Health Care Coverage Enrollment Status Code:	"Complete"
Health Care Coverage CoPayment Factor Code:	"Active Duty E5 and above rate"
Health Care Coverage Special Entitlement Code (exemptions):	" "
Health Care Coverage Service Code:	"Army"
Health Care Coverage Member Category Code:	"Active Duty"
Health Care Coverage Member Relationship Code:	"Child"

Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"03"
Health Care Coverage Begin Calendar Date:	"November 10, 1998"
Health Care Coverage End Calendar Date:	"December 31, 1998"
Health Care Coverage End Reason Code:	"End of Inquiry"
PCM Segment 1:	
PCM Region Identifier:	"1"
PCM Network Provider Type Code:	"Civilian"
PCM Enrolling Division DMIS Identifier:	" "
PCM Identifier:	" "
PCM Identifier Type Code:	" "
PCM Name:	" "
PCM Telephone Number Code (current):	" "
PCM Selection Begin Calendar Date:	"November 10, 1998"
PCM Selection End Calendar Date:	"November 30, 1998"
PCM Selection End Reason Code:	"Enrollment Transfer"
PCM Segment 2:	
PCM Region Identifier:	"6"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Darnall Army Community Hospital"
PCM Identifier:	"333554444444"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. Seuss"
PCM Telephone Number Code (current):	"8172774289"
PCM Selection Begin Calendar Date:	"December 1, 1998"
PCM Selection End Calendar Date:	"December 31, 1998"
PCM Selection End Reason Code:	"End of Inquiry"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	" "
OHI Policy Identifier:	" "
OHI Effective Calendar Date:	" "
OHI Expiration Calendar Date:	" "
OHI Last Update Calendar Date:	" "
OHI Last Update System Name:	" "
OHI Medical Coverage Indicator Code:	" "
OHI Dental Coverage Indicator Code:	" "
OHI Inpatient Hospital Coverage Indicator Code:	" "
OHI Outpatient Hospital Coverage Indicator Code:	" "
OHI Long Term Care Coverage Indicator Code:	" "
OHI Pharmacy Coverage Indicator Code:	" "
OHI Mental Health Care Coverage Indicator Code:	" "
OHI Vision Coverage Indicator Code:	" "
Other Government Programs (OGP) Segment 1:	
OGP Type Code:	" "
OGP Begin Reason Code:	" "

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OGP Effective Calendar Date:	“	”
OGP Expiration Calendar Date:	“	”
Nonavailability Statement (NAS) Segment 1:		
NAS Identifier:	“	”
NAS Issuing Facility DMIS Identifier:	“	”
NAS Issue Calendar Date:	“	”
NAS Cancel Calendar Date:	“	”

SCENARIO 1i: Coverage Inquiry for Claims for Jane Smith, Inquiry for CC&D Totals, and Update of CC&D Amounts

This is an example of a Coverage Inquiry for Claims for an active duty member and associated family members.

- Sponsor has a wife, Jane, and no kids
- This coverage inquiry spans two different coverage plans (TRICARE Standard and Prime)
- This inquiry is for the family using the Sponsor's SSN

Health Care Coverage Inquiry for Claims

Who:

Person/Family Transaction Type Code:	"Family"
Person Type Code:	"Sponsor"
Inquiry Person Identifier:	"532688999"
Person Identifier Type Code:	"SSN"
Person Last Name:	"Smith"
Person Birth Date:	"July 7, 1961"

What:

HCDP Type Code:	"Health Care"
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When:

Health Care Coverage Inquiry Begin Calendar Date:	"December 15, 1997"
Health Care Coverage Inquiry End Calendar Date:	"May 15, 1998"

Totals and Locking Information:

Catastrophic Cap/ Deductible Totals/ Lock Inquiry Type Code:	"Totals, but no Lock"
Catastrophic Cap/ Deductible Detail Identifier:	"N/A since no lock indicated"
Catastrophic Cap/ Deductible Detail Type Code:	"N/A since no lock indicated"

Response:

Current Sponsor Information:

DEERS Identifier:	"333567899 00"
Person Identifier:	"532688999"
Person Identifier Type Code:	"SSN"
Person Last Name:	"Smith"
Person First Name:	"Bill"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"July 7, 1961"
Person Sex Code:	"Male"
Person Death Date:	" "

Family Catastrophic Cap and Deductible Totals

Segment 1:

Family Fiscal Year Deductible Cumulative Amount:	"0"
Family Fiscal Year Catastrophic Cap Cumulative Amount:	"0"
Family CHCBP Fiscal Year Deductible Cumulative Amount:	"0"
Family CHCBP Fiscal Year Catastrophic Cap Cumulative Amount:	"0"
Fiscal Year Code:	"1998 (1 Oct 97 through 30 Sept 98)"
Family Prime Enrollment Year Catastrophic Cap Cumulative Amount:	"0"
Family Point of Service Enrollment Year Deductible Cumulative Amount:	"0"
Family Prime Enrollment Anniversary Calendar Date:	"January 1, 1998"

Individual Catastrophic Cap and Deductible

Totals Segment 1: (Bill Smith)

Individual Fiscal Year Deductible Cumulative Amount:	"0"
Individual CHCBP Fiscal Year Deductible Cumulative Amount:	"0"
Fiscal Year Code:	"1998 (1 Oct 97 through 30 Sept 98)"
Individual Point of Service Enrollment Year Deductible Cumulative Amount:	"0"
Individual Prime Enrollment Begin Calendar Date:	"January 1, 1998"
Individual Prime Enrollment End Calendar Date:	"December 31, 1998 "

Individual Catastrophic Cap and Deductible

Totals Segment 1: (Jane Smith)

Individual Fiscal Year Deductible Cumulative Amount:	"0"
Individual CHCBP Fiscal Year Deductible	"0"

Cumulative Amount:	
Fiscal Year Code:	"1998 (1 Oct 97 through 30 Sept 98)"
Individual Point of Service Enrollment Year	"0"
Deductible Cumulative Amount:	
Individual Prime Enrollment Begin Calendar Date:	"January 1, 1998"
Individual Prime Enrollment End Calendar Date:	"December 31, 1998 "
Claims Lock Information:	
<i>Catastrophic Cap/ Deductible Detail Lock Source System Identifier:</i>	" "
<i>Catastrophic Cap/ Deductible Detail Lock Calendar Date:</i>	" "
<i>Catastrophic Cap/ Deductible Detail Lock Time:</i>	" "
 Family Member Information: (Bill Smith)	
DEERS Identifier:	"333567899 00"
Person Identifier:	"532688999"
Person Identifier Type Code:	"SSN"
Person Last Name:	"Smith"
Person First Name:	"Bill"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"July 7, 1961"
Person Sex Code:	"Male"
Mailing Address Date:	"October 1, 1997"
Mailing Address Line 1 Text:	"734 Hubbard Street"
Mailing Address Line 2 Text:	" "
Mailing Address City:	"Arlington"
Mailing Address State Code:	"VA"
Mailing Address Country Code:	"USA"
Mailing Address Postal Region Zip Code:	"22302"
Mailing Address Postal Region Zip Extension Code:	"5689"
Home Telephone Number:	"7035866796"
Work Telephone Number:	"7036960820"
Fax Telephone Number:	" "
Health Care Coverage Segment 1:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"Direct Care for Active Duty Sponsors"
Health Care Coverage Enrollment Status Code:	"N/A for Coverage Plan"
Health Care Coverage Begin Calendar Date:	"December 15, 1997"
Health Care Coverage End Calendar Date:	"December 31, 1997"
Health Care Coverage End Reason Code:	"Enrolled"
Health Care Coverage Copayment Factor Code:	"Active Duty E5 and above rate"

Health Care Coverage Special Entitlement Code:	" "
Health Care Coverage Service Code:	"Army"
Health Care Coverage Member Category Code:	"Active Duty"
Health Care Coverage Member Relationship Code:	"Self"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"03"
Health Care Coverage Segment 2:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Prime for Active Duty Sponsors"
Health Care Coverage Enrollment Status Code:	"Complete"
Health Care Coverage Begin Calendar Date:	"January 1, 1998"
Health Care Coverage End Calendar Date:	"May 15, 1998"
Health Care Coverage End Reason Code:	"End of inquiry"
Health Care Coverage Copayment Factor Code:	"Active Duty E5 and above rate"
Health Care Coverage Special Entitlement Code:	" "
Health Care Coverage Service Code:	"Army"
Health Care Coverage Member Category Code:	"Active Duty"
Health Care Coverage Member Relationship Code:	"Self"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"03"
PCM Segment 1:	
PCM Region Identifier:	"1"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Walter Reed Army Medical Center remote clinic "
PCM Identifier:	"795111111111"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. Adams"
PCM Telephone Number Code: (current)	"7025879876"
PCM Selection Begin Calendar Date:	"January 1, 1998"
PCM Selection End Calendar Date:	"May 15, 1998"
PCM Selection End Reason Code:	"End of Inquiry"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	" "
OHI Policy Identifier:	" "
OHI Effective Calendar Date:	" "
OHI Expiration Calendar Date:	" "
OHI Last Update Calendar Date:	" "
OHI Last Update System Name:	" "
OHI Medical Coverage Indicator Code:	" "

OHI Dental Coverage Indicator Code:	" "
OHI Inpatient Hospital Coverage Indicator Code:	" "
OHI Outpatient Hospital Coverage Indicator Code:	" "
OHI Long Term Care Coverage Indicator Code:	" "
OHI Pharmacy Coverage Indicator Code:	" "
OHI Mental Health Coverage Indicator Code:	" "
OHI Vision Coverage Indicator Code:	" "
Other Government Programs (OGP) Segment 1:	
OGP Type Code:	" "
OGP Begin Reason Code:	" "
OGP Effective Calendar Date:	" "
OGP Expiration Calendar Date:	" "
Nonavailability Statement (NAS) Segment 1:	
NAS Identifier:	" "
NAS Issuing Facility DMIS Identifier:	" "
NAS Issue Calendar Date:	" "
NAS Cancel Calendar Date:	" "
 Family Member Information: (Jane Smith)	
DEERS Identifier:	"333567899 01"
Person Identifier:	"783562255"
Person Identifier Type Code:	"SSN"
Person Last Name:	"Smith"
Person First Name:	"Jane"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"August 7, 1962"
Person Sex Code:	"Female"
Mailing Address Date	"October 1, 1997"
Mailing Address Line 1 Text:	"734 Hubbard Street"
Mailing Address Line 2 Text:	" "
Mailing Address City:	"Arlington"
Mailing Address State Code:	"VA"
Mailing Address Country Code:	"USA"
Mailing Address Postal Region Zip Code:	"22302"
Mailing Address Postal Region Zip Extension Code:	"5689"
Home Telephone Number:	"7035866796"
Work Telephone Number:	" "
Fax Telephone Number:	" "
Health Care Coverage Segment 1:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Standard for Active Duty Family Members"
Health Care Coverage Enrollment Status Code:	"N/A for Coverage Plan"

Health Care Coverage Begin Calendar Date:	"December 15, 1997"
Health Care Coverage End Calendar Date:	"December 31, 1997"
Health Care Coverage End Reason Code:	"Enrolled"
Health Care Coverage Copayment Factor Code:	"Active Duty E5 and above rate"
Health Care Coverage Special Entitlement Code:	" "
Health Care Coverage Service Code:	"Army"
Health Care Coverage Member Category Code:	"Active Duty"
Health Care Coverage Member Relationship Code:	"Spouse"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"03"
Health Care Coverage Segment 2:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Prime Individual Coverage for Active Duty Family Members"
Health Care Coverage Enrollment Status Code:	"Complete"
Health Care Coverage Begin Calendar Date:	"January 1, 1998"
Health Care Coverage End Calendar Date:	"May 15, 1998"
Health Care Coverage End Reason Code:	"End of Inquiry"
Health Care Coverage Copayment Factor Code:	"Active Duty E5 and above rate"
Health Care Coverage Special Entitlement Code:	" "
Health Care Coverage Service Code:	"Army"
Health Care Coverage Member Category Code:	"Active Duty"
Health Care Coverage Member Relationship Code:	"Spouse"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"03"
PCM Segment 1:	
PCM Region Identifier:	"1"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Walter Reed Army Medical Center remote clinic "
PCM Identifier:	"624111111111"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. Tom"
PCM Telephone Number (current):	"7025784321"
PCM Selection Begin Calendar Date:	"January 1, 1998"
PCM Selection End Calendar Date:	"April 30, 1998"
PCM Selection End Reason Code:	"Dissatisfied with Primary Care Manager"
PCM Segment 2:	
PCM Region Identifier:	"1"

PCM Network Provider Type Code:	"Civilian"
PCM Enrolling Division DMIS Identifier:	" "
PCM Identifier:	" "
PCM Identifier Type Code:	" "
PCM Name:	" "
PCM Telephone Number (current):	" "
PCM Selection Begin Calendar Date:	"May 1, 1998"
PCM Selection End Calendar Date:	"May 15, 1998"
PCM Selection End Reason Code:	"End of Inquiry"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	"BANVA1000"
OHI Policy Identifier:	"251092"
OHI Effective Calendar Date:	"January 1, 1998"
OHI Expiration Calendar Date:	"December 31, 1998"
OHI Last Update Calendar Date:	"January 1, 1998"
OHI Last Update System Name:	"Walter Reed Army Medical Center Remote Clinic"
OHI Medical Coverage Indicator Code:	"Yes"
OHI Dental Coverage Indicator Code:	"No"
OHI Inpatient Hospital Coverage Indicator Code:	"Yes"
OHI Outpatient Hospital Coverage Indicator Code:	"Yes"
OHI Long Term Care Coverage Indicator Code:	"No"
OHI Pharmacy Coverage Indicator Code:	"Yes"
OHI Mental Health Care Coverage Indicator Code:	"No"
OHI Vision Coverage Indicator Code:	"Yes"
Other Government Programs (OGP) Segment 1:	
OGP Type Code:	" "
OGP Begin Reason Code:	" "
OGP Effective Calendar Date:	" "
OGP Expiration Calendar Date:	" "
Nonavailability Statement (NAS) Segment 1:	
NAS Identifier:	"0004119980331001"
NAS Issuing Facility DMIS Identifier:	"Walter Reed Army Medical Center remote clinic"
NAS Issue Calendar Date:	"March 31, 1998"
NAS Cancel Calendar Date:	" "

Inquiry for Jane Smith's Catastrophic Cap and Deductible Totals — Inquiry and Lock for Catastrophic Cap and Deductible Totals

This is an example of an Inquiry and Lock for Catastrophic Cap and Deductible Totals.

- Sponsor has a wife, Jane and no kids
- Sponsor and wife had the "standard" benefit until Jan 1, 1998, when the family enrolled in TRICARE Prime
- This coverage inquiry spans two different coverage plans (TRICARE Standard and Prime)
- Only Person Inquiries allowed for totals (no family inquiries)
- Claim is for Jane

Inquiry: (Jane Smith)

Individual Beneficiary Information:

DEERS Identifier: "333567899 01"

Claim Inquiry Period Information:

Catastrophic Cap/ Deductible Inquiry Begin "May 10, 1998"

Calendar Date:

Catastrophic Cap/ Deductible Inquiry End "May 10, 1998"

Calendar Date:

Claim Lock Information:

Catastrophic Cap/ Deductible Totals/ Lock "Lock"

Inquiry Type Code:

Catastrophic Cap/ Deductible Detail Identifier: "334558111158"

Catastrophic Cap/ Deductible Detail "Medical Claim"

Type Code:

Response:

Insured Information:

DEERS Identifier: "333567899 01"

Family Catastrophic Cap and Deductible Totals

Segment 1:

Family Fiscal Year Deductible Cumulative "0"
Amount:

Family Fiscal Year Catastrophic Cap "0"
Cumulative Amount:

Family CHCBP Fiscal Year Deductible "0"
Cumulative Amount:

Family CHCBP Fiscal Year Catastrophic Cap "0"
Cumulative Amount:

Fiscal Year Code: "1998 (1 Oct 97 through 30 Sept 98)"

Family Prime Enrollment Year Catastrophic "0"

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Cap Cumulative Amount:	
Family Point of Service Enrollment Year	"0"
Deductible Cumulative Amount:	
Family Prime Enrollment Anniversary	"January 1, 1998"
Calendar Date:	
Individual Catastrophic Cap and Deductible	
Totals Segment 1:	
Individual Fiscal Year Deductible Cumulative	"0"
Amount:	
Individual CHCBP Fiscal Year Deductible	"0"
Cumulative Amount:	
Fiscal Year Code:	"1998 (1 Oct 97 through 30 Sept 98)"
Individual Point of Service Enrollment Year	"0"
Deductible Cumulative Amount:	
Individual Prime Enrollment Begin Calendar	"January 1, 1998"
Date:	
Individual Prime Enrollment End Calendar	"December 31, 1998 "
Date:	
Claims Lock Information:	
Catastrophic Cap/ Deductible Detail Lock	"0101001"
Source System Identifier:	
Catastrophic Cap/ Deductible Detail Lock	"October 5, 1998"
Calendar Date:	
Catastrophic Cap/ Deductible Detail Lock	"161200" (4:12pm)
Time:	

Update for Jane Smith's Catastrophic Cap and Deductible Amounts —

This is an example of an Update for Catastrophic Cap and Deductible Amounts.

- Sponsor has a wife, Jane and no kids
- Sponsor and wife had the "standard" benefit until January 1, 1998, when the family enrolled in TRICARE Prime
- This coverage inquiry spans two coverage plans (TRICARE Standard and Prime)
- Updates use the Person Inquiry mode only (no updates for family)
- This update is for the wife, Jane Smith
- The claim date of service is May 10, 1998

Update: (Jane Smith)

Individual Insured Information:

DEERS Identifier: "333567899 01"

Lock Removal Information:

Catastrophic Cap/ Deductible Lock Access/ "Unlock"

Update Code:

Catastrophic Cap/ Deductible Detail Identification Information:

Catastrophic Cap/ Deductible Detail Identifier: "334558111158"

Catastrophic Cap/ Deductible Detail Extension Identifier: " "

Catastrophic Cap/ Deductible Detail Type Code: "Medical Claim"

Individual Catastrophic Cap and Deductible Update Information:

Fiscal Year Deductible Payment Amount: " "

Fiscal Year Catastrophic Cap Payment Amount: "\$126"

CHCBP Fiscal Year Deductible Payment Amount: " "

CHCBP Fiscal Year Catastrophic Cap Payment Amount: " "

Fiscal Year Code: "1998"

Prime Enrollment Year Catastrophic Cap Payment Amount: " " (N/A since active duty family)

Point Of Service Enrollment Year Deductible Payment Amount: " "

Enrollment Year Catastrophic Cap/ Deductible Payment Calendar Date: " "

SCENARIO 1j: Coverage Inquiry for Claims for Sally Smith, Inquiry for CC&D Totals, and Update of CC&D Amounts

This scenario shows claims transactions for Sally, newborn to Captain Bill and Jane Smith.

- Bill is an Active Duty Service member and Jane is his wife
- The family is in the same location.
- Sally was born on November 10, 1998
- Jane had TRICARE Prime Individual coverage until Sally was born, when Jane enrolled in TRICARE Prime family coverage effective November 1, 1998.
- The date the coverage inquiry was made was Nov 25, 1998.

Inquiry for Health Care Coverage for the Smith family — Health Care Coverage Inquiry for Claims

Who:

Person/Family Transaction Type Code:	"Family"
Person Type Code:	"Sponsor"
Inquiry Person Identifier:	"532688999"
Person Identifier Type Code:	"SSN"
Person Last Name:	"Smith"
Person Birth Date:	"July 7, 1961"

What:

HCDP Type Code:	"Health Care"
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When:

Health Care Coverage Inquiry Begin Calendar Date:	"October 1, 1998"
Health Care Coverage Inquiry End Calendar Date:	"December 31, 1998"

Totals and Locking Information:

Catastrophic Cap/ Deductible Totals/ Lock Inquiry Type Code:	"Don't Include Totals"
Catastrophic Cap/ Deductible Detail Identifier:	"N/A, since totals were not requested"
Catastrophic Cap/ Deductible Detail Type Code:	"N/A, since totals were not requested"

Response:

Current Sponsor Information:

DEERS Identifier:	"333567899 00"
Person Identifier:	"532688999"
Person Identifier Type Code:	"SSN"
Person Last Name:	"Smith"
Person First Name:	"Bill"

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Person Middle Name:	“ ”
Person Cadency Name:	“ ”
Person Birth Date:	“July 7, 1961”
Person Sex Code:	“Male”
Person Death Date:	“N/A”

Family Member Information (Bill Smith, Sponsor):

DEERS Identifier:	“333567899 00”
Person Identifier:	“532688999”
Person Identifier Type Code:	“SSN”
Person Last Name:	“Smith”
Person First Name:	“Bill”
Person Middle Name:	“ ”
Person Cadency Name:	“ ”
Person Birth Date:	“July 7, 1961”
Person Sex Code:	“Male”
Mailing Address Date:	“December 1, 1998”
Mailing Address Line 1 Text:	“274 Lone Star State”
Mailing Address Line 2 Text:	“ ”
Mailing Address City Name:	“Killeen”
Mailing Address State Code:	“TX”
Mailing Address Country Code:	“USA”
Mailing Address Postal Region Zip Code:	“77092”
Mailing Address Postal Region Zip Extension Code:	“2237”
Home Telephone Number Code:	“8172447846”
Work Telephone Number Code:	“ ”
Fax Telephone Number Code:	“ ”

Health Care Coverage Segment 1:

HCDP Type Code:	“Health Care”
HCDP Plan Coverage Code:	“TRICARE Prime for Active Duty Sponsors”
Health Care Coverage Enrollment Status Code:	“Complete”
Health Care Coverage Begin Calendar Date:	“October 1, 1998”
Health Care Coverage End Calendar Date:	“December 31, 1998”
Health Care Coverage End Reason Code:	“End of Inquiry”
Health Care Coverage Copayment Factor Code:	“Active Duty E5 and above rate”
Health Care Coverage Special Entitlement Code (exemptions):	“ ”
Health Care Coverage Service Code:	“Army”
Health Care Coverage Member Category Code:	“Active Duty”
Health Care Coverage Member Relationship Code:	“Self”
Health Care Coverage Pay Plan Code:	“Military Officer”
Health Care Coverage Pay Grade Code:	“03”

PCM Segment 1:

PCM Region Identifier:	"1"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Walter Reed Army Medical Center remote clinic"
PCM Identifier:	"795111111111"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. Adams"
PCM Telephone Number Code (current):	"7035879876"
PCM Selection Begin Calendar Date:	"October 1, 1998"
PCM Selection End Calendar Date:	"November 30, 1998"
PCM Selection End Reason Code:	"Enrollment Transfer"
PCM Segment 2:	
PCM Region Identifier:	"6"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Darnall Army Community Hospital"
PCM Identifier:	"333552222222"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. Star"
PCM Telephone Number Code (current):	"8172667824"
PCM Selection Begin Calendar Date:	"December 1, 1998"
PCM Selection End Calendar Date:	"December 31, 1998"
PCM Selection End Reason Code:	"End of Inquiry"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	" "
OHI Policy Identifier:	" "
OHI Effective Calendar Date:	" "
OHI Expiration Calendar Date:	" "
OHI Last Update Calendar Date:	" "
OHI Last Update System Name:	" "
OHI Medical Coverage Indicator Code:	" "
OHI Dental Coverage Indicator Code:	" "
OHI Inpatient Hospital Coverage Indicator Code:	" "
OHI Outpatient Hospital Coverage Indicator Code:	" "
OHI Long Term Care Coverage Indicator Code:	" "
OHI Pharmacy Coverage Indicator Code:	" "
OHI Mental Health Coverage Indicator Code:	" "
OHI Vision Coverage Indicator Code:	" "
Other Government Programs (OGP) Segment 1:	
OGP Type Code:	" "
OGP Begin Reason Code:	" "
OGP Effective Calendar Date:	" "
OGP Expiration Calendar Date:	" "
Nonavailability Statement (NAS) Segment 1:	
NAS Identifier:	" "
NAS Issuing Facility DMIS Identifier:	" "
NAS Issue Calendar Date:	" "

NAS Cancel Calendar Date:

“ “

Family Member Information (Jane Smith):

DEERS Identifier:

“333567899 01”

Person Identifier:

“783562255”

Person Identifier Type Code:

“SSN”

Person Last Name:

“Smith”

Person First Name:

“Jane”

Person Middle Name:

“ “

Person Cadency Name:

“ “

Person Birth Date:

“August 7, 1962”

Person Sex Code:

“Female”

Mailing Address Date:

“December 1, 1998”

Mailing Address Line 1 Text:

“274 Lone Star State”

Mailing Address Line 2 Text:

“ “

Mailing Address City Name:

“Killeen”

Mailing Address State Code:

“TX”

Mailing Address Country Code:

“USA”

Mailing Address Postal Region Zip Code:

“77092”

Mailing Address Postal Region Zip Extension Code:

“2237”

Home Telephone Number Code:

“8172447846”

Work Telephone Number Code:

“ “

Fax Telephone Number Code:

“ “

Health Care Coverage Segment 1:

HCDP Type Code:

“Health Care”

HCDP Plan Coverage Code:

“TRICARE PRIME Individual Coverage For Active Duty Family Members”

Health Care Coverage Enrollment Status Code:

“Complete”

Health Care Coverage Begin Calendar Date:

“October 1, 1998”

Health Care Coverage End Calendar Date:

“October 31, 1998”

Health Care Coverage End Reason Code:

“HCDP Enrollment Change”

Health Care Coverage Copayment Factor Code:

“Active Duty E5 and above rate”

Health Care Coverage Special Entitlement Code (exemptions):

“ “

Health Care Coverage Service Code:

“Army”

Health Care Coverage Member Category Code:

“Active Duty”

Health Care Coverage Member Relationship Code:

“Spouse”

Health Care Coverage Pay Plan Code:

“Military Officer”

Health Care Coverage Pay Grade Code:

“03”

Health Care Coverage Segment 2:

HCDP Type Code:

“Health Care”

HCDP Plan Coverage Code:

“TRICARE Prime Family Coverage For Active Duty Family Members”

Health Care Coverage Enrollment Status Code:	"Complete"
Health Care Coverage Begin Calendar Date:	"November 1, 1998"
Health Care Coverage End Calendar Date:	"December 31, 1998"
Health Care Coverage End Reason Code:	"End of Inquiry"
Health Care Coverage Copayment Factor Code:	"Active Duty E5 and above rate"
Health Care Coverage Special Entitlement Code (exemptions):	" "
Health Care Coverage Service Code:	"Army"
Health Care Coverage Member Category Code:	"Active Duty"
Health Care Coverage Member Relationship Code:	"Spouse"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"03"
PCM Segment 1:	
PCM Region Identifier:	"1"
PCM Network Provider Type Code:	"Civilian"
PCM Enrolling Division DMIS Identifier:	" "
PCM Identifier:	" "
PCM Identifier Type Code:	" "
PCM Name:	" "
PCM Telephone Number Code (current):	" "
PCM Selection Begin Calendar Date:	"October 1, 1998"
PCM Selection End Calendar Date:	"November 30, 1998"
PCM Selection End Reason Code:	"Enrollment Transfer"
PCM Segment 2:	
PCM Region Identifier:	"6"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Darnall Army Community Hospital"
PCM Identifier:	"333552222222"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. Tex"
PCM Telephone Number Code (current):	"8172667825"
PCM Selection Begin Calendar Date:	"December 1, 1998"
PCM Selection End Calendar Date:	"December 31, 1998"
PCM Selection End Reason Code:	"End of Inquiry"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	"BANVA1000"
OHI Policy Identifier:	"251092"
OHI Effective Calendar Date:	"January 1, 1998"
OHI Expiration Calendar Date:	"December 31, 1998"
OHI Last Update Calendar Date:	"January 1, 1998"
OHI Last Update System Name:	"Walter Reed Army Medical Center Remote Clinic"
OHI Medical Coverage Indicator Code:	"Yes"
OHI Dental Coverage Indicator Code:	"No"
OHI Inpatient Hospital Coverage Indicator	"Yes"

Code:	
OHI Outpatient Hospital Coverage Indicator	"Yes"
Code:	
OHI Long Term Care Coverage Indicator	"No"
Code:	
OHI Pharmacy Coverage Indicator Code:	"Yes"
OHI Mental Health Care Coverage Indicator	"No"
Code:	
OHI Vision Coverage Indicator Code:	"Yes"
Other Government Programs (OGP) Segment 1:	
OGP Type Code:	" "
OGP Begin Reason Code:	" "
OGP Effective Calendar Date:	" "
OGP Expiration Calendar Date:	" "
Nonavailability Statement (NAS) Segment 1:	
NAS Identifier:	" "
NAS Issuing Facility DMIS Identifier:	" "
NAS Issue Calendar Date:	" "
NAS Cancel Calendar Date:	" "
Family Member Information (Sally Smith):	
DEERS Identifier:	"333567899 02"
Person Identifier:	"800560987"
Person Identifier Type Code:	"Temporary Id Number"
Person Last Name:	"Smith"
Person First Name:	"Sally"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"November 10, 1998"
Person Sex Code:	"Female"
Mailing Address Date:	"December 1, 1998"
Mailing Address Line 1 Text:	"274 Lone Star State"
Mailing Address Line 2 Text:	" "
Mailing Address City Name:	"Killeen"
Mailing Address State Code:	"TX"
Mailing Address Country Code:	"USA"
Mailing Address Postal Region Zip Code:	"77092"
Mailing Address Postal Region Zip Extension	"2237"
Code:	
Home Telephone Number Code:	"8172447846"
Work Telephone Number Code:	" "
Fax Telephone Number Code:	" "
Health Care Coverage Segment 1:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE PRIME Family Coverage For Active Duty Family Members"
Health Care Coverage Enrollment Status	"Complete"
Code:	
Health Care Coverage Begin Calendar Date:	"November 10, 1998"

Health Care Coverage End Calendar Date:	"December 31, 1998"
Health Care Coverage End Reason Code:	"End of Inquiry"
Health Care Coverage Copayment Factor Code:	"Active Duty E5 and above rate"
Health Care Coverage Special Entitlement Code (exemptions):	" "
Health Care Coverage Service Code:	"Army"
Health Care Coverage Member Category Code:	"Active Duty"
Health Care Coverage Member Relationship Code:	"child"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"03"
PCM Segment 1:	
PCM Region Identifier:	"1"
PCM Network Provider Type Code:	"Civilian"
PCM Enrolling Division DMIS Identifier:	" "
PCM Identifier:	" "
PCM Identifier Type Code:	" "
PCM Name:	" "
PCM Telephone Number Code (current):	" "
PCM Selection Begin Calendar Date:	"November 10, 1998"
PCM Selection End Calendar Date:	"November 30, 1998"
PCM Selection End Reason Code:	"Enrollment Transfer"
PCM Segment 2:	
PCM Region Identifier:	"6"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Darnall Army Community Hospital"
PCM Identifier:	"333554444444"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. Seuss"
PCM Telephone Number Code (current):	"8172774289"
PCM Selection Begin Calendar Date:	"December 1, 1998"
PCM Selection End Calendar Date:	"December 31, 1998"
PCM Selection End Reason Code:	"End of Inquiry"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	" "
OHI Policy Identifier:	" "
OHI Effective Calendar Date:	" "
OHI Expiration Calendar Date:	" "
OHI Last Update Calendar Date:	" "
OHI Last Update System Name:	" "
OHI Medical Coverage Indicator Code:	" "
OHI Dental Coverage Indicator Code:	" "
OHI Inpatient Hospital Coverage Indicator Code:	" "
OHI Outpatient Hospital Coverage Indicator Code:	" "
OHI Long Term Care Coverage Indicator	" "

April 14, 1999

Code:		
OHI Pharmacy Coverage Indicator Code:	“	“
OHI Mental Health Coverage Indicator Code:	“	“
OHI Vision Coverage Indicator Code:	“	“
Other Government Programs (OGP) Segment 1:	“	“
OGP Type Code:	“	“
OGP Begin Reason Code:	“	“
OGP Effective Calendar Date:	“	“
OGP Expiration Calendar Date:	“	“
Nonavailability Statement (NAS) Segment 1:		
NAS Identifier:	“	“
NAS Issuing Facility DMIS Identifier:	“	“
NAS Issue Calendar Date:	“	“
NAS Cancel Calendar Date:	“	“

**Inquiry for Newborn Sally's Catastrophic Cap and Deductible Totals — Inquiry
for Claims Catastrophic Cap and Deductible Totals**

- Claim Service Date is Nov 13, 1998
- Claim Update is for Sally

Inquiry: (Sally Smith)

Individual Beneficiary Information:

DEERS Identifier "333567899 02"

Claim Inquiry Period Information:

Catastrophic Cap/ Deductible Inquiry Begin
Calendar Date: "November 13, 1998"

Catastrophic Cap/ Deductible Inquiry End
Calendar Date: "November 13, 1998"

Claim Lock Information:

Catastrophic Cap/ Deductible Totals/ Lock "Lock"

Inquiry Type Code:

Catastrophic Cap/ Deductible Detail Identifier: "621621621621"

Catastrophic Cap/ Deductible Detail
Type Code: "Medical Claim "

Response:

Insured Information:

DEERS Identifier: "333567899 02"

Family Catastrophic Cap and Deductible Totals

Segment 1:

Family Fiscal Year Deductible Cumulative
Amount: "0"

Family Fiscal Year Catastrophic Cap
Cumulative Amount: "0"

Family CHCBP Fiscal Year Deductible
Cumulative Amount: "0"

Family CHCBP Fiscal Year Catastrophic Cap
Cumulative Amount: "0"

Fiscal Year Code: "1999"

Family Prime Enrollment Year Catastrophic
Cap Cumulative Amount: "0" (N/A for coverage plan)

Family Point of Service Enrollment Year
Deductible Cumulative Amount: "0"

Family Prime Enrollment Anniversary
Calendar Date: "November 1, 1998"

**Individual Catastrophic Cap and Deductible
Totals Segment 1:**

April 14, 1999

Individual Fiscal Year Deductible Cumulative Amount:	"0"
Individual CHCBP Fiscal Year Deductible Cumulative Amount:	"0"
Fiscal Year Code:	"1999"
Individual Point of Service Enrollment Year Deductible Cumulative Amount:	"0"
Individual Prime Enrollment Begin Calendar Date:	"November 10, 1998"
Individual Prime Enrollment End Calendar Date:	"October 31, 1999"
Claims Lock Information:	
Catastrophic Cap/ Deductible Detail Lock Source System Identifier:	"5455001"
Catastrophic Cap/ Deductible Detail Lock Calendar Date:	"Nov 20, 1998"
Catastrophic Cap/ Deductible Detail Lock Time:	"110000" (11am)

Update Claims Catastrophic Cap and Deductible Amounts

Update: (Sally Smith)

Individual Beneficiary Information:

DEERS Identifier (Sally) "333567899 02"

Lock Removal Information:

Catastrophic Cap/ Deductible Lock Access/ "Unlock"

Update Code:

Catastrophic Cap/ Deductible Detail Identification Information:

Catastrophic Cap/ Deductible Detail Identifier: "621621621621"

Catastrophic Cap/ Deductible Detail Extension " "

Identifier:

Catastrophic Cap/ Deductible Detail Type "Medical Claim"

Code:

Individual Catastrophic Cap and Deductible Update Information:

Fiscal Year Deductible Payment Amount: " "

Fiscal Year Catastrophic Cap Payment Amount: "\$86"

Amount:

CHCBP Fiscal Year Deductible Payment Amount: " "

Amount:

CHCBP Fiscal Year Catastrophic Cap Payment Amount: " "

Payment Amount:

Fiscal Year Code: "1999"

Prime Enrollment Year Catastrophic Cap Payment Amount: " " (N/A since active duty family)

Payment Amount:

Point Of Service Enrollment Year Deductible Payment Amount: " "

Payment Amount:

Enrollment Year Catastrophic Cap/ Deductible Payment Calendar Date: " "

Payment Calendar Date:

SCENARIO 2: Retired Sponsor and Spouse (Buck and Betty Rogers)

This is an example of enrolling a family having DEERS assigned coverage plan.

- The sponsor is a Retired Service member.
- He has a spouse.
- They were married after the sponsor was retired.
- He retired from active duty service on October 1, 1997.
- The family is in the same location.
- The intended enrollment date is November 1, 1998.

Sponsor:

Col. Buck Rogers
Retired, U.S. Air Force
Birth Date: July 7, 1942
SSN: 432688999
DEERS ID: 433567899 00
Patient ID: 999886234

Spouse:

Betty
Birth Date: September 2, 1947
Marital Date: June 15, 1998
SSN: 683562255
DEERS ID: 433567899 01
Patient ID: 113576888

Document Date: April 6, 1999

Timeline for Scenario 2

<i>Retired Sponsor</i>	<i>Enrollment</i>	<i>DoD Civilian Overseas</i>
<i>(Buck Rogers)</i>	<i>(Buck and Betty Rogers)</i>	<i>(Buck Rogers)</i>
1-Oct	1-Nov	1-Dec
1997	1998	1998

Timeline for Business Events in Scenario 2

a-1		1-Nov	
a-2		1-Nov	
b-1	18-Oct	30-Nov	
c-1		15-Nov	31-Dec
d-1	18-Oct	30-Nov	
d-2		3-Nov	
d-3			3-Dec
e-1		15-Nov	31-Dec
e-2			10-Dec
e-3			27-Dec

Legend for Business Events in Scenario 2

a-1	Eligibility for Enrollment for Buck and Betty Rogers
a-2	Enrollment for Buck and Betty Rogers
b-1	MTF Coverage for Betty Rogers
c-1	MTF Coverage for Rogers Family Demonstrating Dual Eligibility
d-1	Claims Coverage for Betty Rogers
d-2	Inquiry for Catastrophic Cap and Deductible Totals and Lock for Betty Rogers
d-3	Update Catastrophic Cap and Deductible Amounts for Betty Rogers
e-1	Claims Coverage for Rogers Family
e-2	Inquiry for Catastrophic Cap and Deductible Totals and Lock for Betty Rogers
e-3	Update Catastrophic Cap and Deductible Amounts for Betty Rogers

SCENARIO 2a: Eligibility Inquiry for Enrollment and Enrollment of Buck and Betty Rogers

Inquiry for Enrollment of Buck and Betty:

Who:

Person/Family Transaction Type Code:	"Family"
Person Type Code:	"Sponsor"
*Inquiry Person Identifier:	"432688999"
*Person Identifier Type Code:	"SSN"
*Person Last Name:	"Rogers"
*Person Birth Date:	"July 7, 1942"

OR

*DEERS Identifier:	" " [used in place of the asterisked items]
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What:

HCDP Type Code:	"Health Care"
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When:

HCDP Eligibility Inquiry Calendar Date:	"November 1, 1998"
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Response Information:

Subscriber Information:

DEERS Identifier:	"433567899 <u>00</u> "
Person Identifier:	"432688999"
Person Identifier Type Code:	"SSN"

Personnel:

Personnel Category Code:	"Retired"
Service Code:	"Air Force"
Pay Plan Code:	"Military Officer"
Pay Grade Code:	"06"
Pay Grade Date:	"October 1, 1990"
Rank Code:	"Colonel"
Person Death Date:	"N/A"
UIC:	" "
Work Location Country Code:	" "
Work Location Postal Region Zip Code:	" "
Work Location Postal Region Zip Extension Code:	" "

Demographics:

Person Last Name:	"Rogers"
Person First Name:	"Buck"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"July 7, 1942"
Person Sex Code:	"Male"
Mailing Address Date:	"October 1, 1997"
Mailing Address Line 1 Text:	"123 Alamo Road"

Mailing Address Line 2 Text:	" "
Mailing Address City Name:	"San Antonio"
Mailing Address State Code:	"TX"
Mailing Address Country Code:	"USA"
Mailing Address Postal Region Zip Code:	"78211"
Mailing Address Postal Region Zip Extension Code:	"5689"
Home Telephone Number Code:	"2105866796"
Work Telephone Number Code:	"2106960822"
Fax Telephone Number Code:	" "
Coverage Plan Enrollment Segment 1:	
HCDP Plan Coverage Code:	"N/A for coverage plan"
HCDP Enrollment Fee Payment Calendar Date:	"N/A for coverage plan"
HCDP Enrollment Fee Payment Paid-Through Calendar Date:	"N/A for coverage plan"
HCDP Enrollment Fee Payment Plan Type Code:	"N/A for coverage plan"
HCDP Enrollment Fee Payment Total Dollar Amount:	"N/A for coverage plan"
HCDP Enrollment Fee Status Code:	"N/A for coverage plan"
Family Prime Enrollment Anniversary Date:	"N/A for coverage plan"
Family Claims Totals Segment 1:	
Family Fiscal Year Catastrophic Cap Cumulative Amount:	"200"
Fiscal Year Code:	"1999"
Family Prime Enrollment Year Catastrophic Cap Cumulative Amount:	"0"
Family Prime Enrollment Effective Calendar Date:	"N/A"
Insured (Buck Rogers):	
HCDP Segment 1:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Standard for Retired Sponsors and Family Members"
HCDP Begin Calendar Date:	"October 1, 1997"
HCDP End Calendar Date:	"July 1, 2007"
HCDP End Reason Code:	"Expected end of dependency"
Enrollment Segment 1:	
HCDP Enrollment Management System Name:	"N/A for coverage plan"
HCDP Enrollment Begin Calendar Date:	"N/A for coverage plan"
HCDP Enrollment End Calendar Date:	"N/A for coverage plan"
HCDP Enrollment End Reason Code:	"N/A for coverage plan"
HCDP Individual Enrollment Fee Waiver Reason Code:	"N/A for coverage plan"
PCM Segment 1:	
PCM Region Identifier:	"N/A for coverage plan"
PCM Network Provider Type Code:	"N/A for coverage plan"
PCM Enrolling Division DMIS Identifier:	"N/A for coverage plan"
PCM Identifier:	"N/A for coverage plan"

PCM Identifier Type Code:	"N/A for coverage plan"
PCM Name:	"N/A for coverage plan"
PCM Telephone Number Code (current):	"N/A for coverage plan"
PCM Selection Begin Calendar Date:	"N/A for coverage plan"
PCM Selection End Calendar Date:	"N/A for coverage plan"
PCM Selection End Reason Code:	"N/A for coverage plan"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	" "
OHI Policy Identifier:	" "
OHI Effective Calendar Date:	" "
OHI Expiration Calendar Date:	" "
OHI Last Update Calendar Date:	" "
OHI Last Update System Name:	" "
OHI Medical Coverage Indicator Code:	" "
OHI Dental Coverage Indicator Code:	" "
OHI Inpatient Hospital Coverage Indicator Code:	" "
OHI Outpatient Hospital Coverage Indicator Code:	" "
OHI Long Term Care Coverage Indicator Code:	" "
OHI Pharmacy Coverage Indicator Code:	" "
OHI Mental Health Coverage Indicator Code:	" "
OHI Vision Coverage Indicator Code:	" "
Other Government Programs (OGP) Segment 1:	
OGP Type Code:	" "
OGP Begin Reason Code:	" "
OGP Effective Calendar Date:	" "
OGP Expiration Calendar Date:	" "
Insured (Betty Rogers):	
DEERS Identifier:	"433567899 <u>01</u> "
Association:	
Person Association Reason Code:	"Spouse"
Person Association Begin Date:	"June 15, 1998"
Person Association End Date:	" "
Person Identifier:	"683562255"
Person Identifier Type Code:	"SSN"
Demographics:	
Person Last Name:	"Rogers"
Person First Name:	"Betty"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"September 2, 1947"
Person Sex Code:	"Female"
Mailing Address Date:	"June 15, 1998"
Mailing Address Line 1 Text:	"123 Alamo Road"
Mailing Address Line 2 Text:	" "
Mailing Address City Name:	"San Antonio"
Mailing Address State Code:	"TX"
Mailing Address Country Code:	"USA"

Mailing Address Postal Region Zip Code:	"78211"
Mailing Address Postal Region Zip Extension Code:	"5689"
Home Telephone Number Code:	"2105866796"
Work Telephone Number Code:	" "
Fax Telephone Number Code:	" "
HCDP Segment 1:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Standard for Retired Sponsors and Family Members"
HCDP Begin Calendar Date:	"June 15, 1998"
HCDP End Calendar Date:	"September 1, 2012"
HCDP End Reason Code:	"Expected end of dependency"
Enrollment Segment 1:	
HCDP Enrollment Management System Name:	"N/A for coverage plan"
HCDP Enrollment Begin Calendar Date:	"N/A for coverage plan"
HCDP Enrollment End Calendar Date:	"N/A for coverage plan"
HCDP Enrollment End Reason Code:	"N/A for coverage plan"
HCDP Individual Enrollment Fee Waiver Reason Code:	"N/A for coverage plan"
PCM Segment 1:	
PCM Region Identifier:	"N/A for coverage plan"
PCM Network Provider Type Code:	"N/A for coverage plan"
PCM Enrolling Division DMIS Identifier:	"N/A for coverage plan"
PCM Identifier:	"N/A for coverage plan"
PCM Identifier Type Code:	"N/A for coverage plan"
PCM Name:	"N/A for coverage plan"
PCM Telephone Number Code (current):	"N/A for coverage plan"
PCM Selection Begin Calendar Date:	"N/A for coverage plan"
PCM Selection End Calendar Date:	"N/A for coverage plan"
PCM Selection End Reason Code:	"N/A for coverage plan"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	" "
OHI Policy Identifier:	" "
OHI Effective Calendar Date:	" "
OHI Expiration Calendar Date:	" "
OHI Last Update Calendar Date:	" "
OHI Last Update System Name:	" "
OHI Medical Coverage Indicator Code:	" "
OHI Dental Coverage Indicator Code:	" "
OHI Inpatient Hospital Coverage Indicator Code:	" "
OHI Outpatient Hospital Coverage Indicator Code:	" "
OHI Long Term Care Coverage Indicator Code:	" "
OHI Pharmacy Coverage Indicator Code:	" "
OHI Mental Health Coverage Indicator Code:	" "
OHI Vision Coverage Indicator Code:	" "
Other Government Programs (OGP) Segment 1:	
OGP Type Code:	" "

OGP Begin Reason Code:	“	”
OGP Effective Calendar Date:	“	”
OGP Expiration Calendar Date:	“	”

Enrollment for Buck— Enrollment Information Sent to DEERS

Subscriber:

DEERS Identifier: "433567899 00"

Subscriber Enrollment Fee Information:

HCDP Enrollment Fee Payment Calendar Date: "November 1, 1998"

HCDP Enrollment Fee Payment Paid-Through "October 31, 1999"

Calendar Date:

HCDP Enrollment Fee Payment Plan Type "Annual"

Code:

HCDP Enrollment Fee Payment Applied Dollar "\$460.00"

Amount:

HCDP Enrollment Fee Payment Exception " "

Reason Code:

Insured Information (Buck Rogers):

DEERS Identifier: "433567899 00"

Enrollment Information:

HCDP Access/Update Code: "New enrollment"

HCDP Type Code: "Health Care"

HCDP Plan Coverage Code: "TRICARE Prime Family Coverage For Retired Sponsors and Family Members"

HCDP Enrollment Begin Calendar Date: "November 1, 1998"

HCDP Enrollment End Calendar Date: "October 31, 1999"

HCDP Individual Enrollment Fee Waiver " "

Reason Code:

PCM Region Code: "6"

PCM Network Provider Type Code: "direct"

PCM Enrolling Division DMIS Identifier: "Brooke Army Medical Center"

PCM Identifier: "821111111111"

PCM Identifier Type Code: "Tax Identifier"

PCM Name: "Dr. No"

PCM Telephone Number Code (current): "2106785678"

Person Information:

"Person updates can also be sent with an enrollment"

OHI Information:

"OHI updates can also be sent with an enrollment"

Enrollment for Betty — Enrollment Information Sent to DEERS

Insured Information (Betty Rogers):

DEERS Identifier: "433567899 01

Subscriber Enrollment Fee Information:

HCDP Enrollment Fee Payment Calendar Date: "N/A, already sent with Buck's enrollment"

HCDP Enrollment Fee Payment Paid-Through Calendar Date: "N/A, already sent with Buck's enrollment"

HCDP Enrollment Fee Payment Plan Type Code: "N/A, already sent with Buck's enrollment "

HCDP Enrollment Fee Payment Applied Dollar Amount: "N/A, already sent with Buck's enrollment "

HCDP Enrollment Fee Payment Exception Reason Code: " "

Enrollment Information:

HCDP Access/Update Code: "New enrollment"

HCDP Type Code: "Health Care"

HCDP Plan Coverage Code: "TRICARE Prime Family Coverage For Retired Sponsors and Family Members"

HCDP Enrollment Begin Calendar Date: "November 1, 1998"

HCDP Enrollment End Calendar Date: "October 31, 1999"

HCDP Individual Enrollment Fee Waiver Reason Code: " "

PCM Region Code: "6"

PCM Network Provider Type Code: "direct"

PCM Enrolling Division DMIS Identifier: "Brooke Army Medical Center"

PCM Identifier: "821111111111"

PCM Identifier Type Code: "Tax Identifier"

PCM Name: "Dr. No"

PCM Telephone Number Code: "2106785678"

Person Information:

"Person updates can also be sent with an enrollment"

OHI Information:

"OHI updates can also be sent with an enrollment"

SCENARIO 2b: MTF Coverage Inquiries for Buck and Betty Rogers

The MTF Coverage Inquiry is a Person Inquiry for Betty and will cover a period beginning before the current enrollment in PRIME and ending during the current enrollment period.

MTF Coverage Inquiry for Betty Rogers (person inquiry)

Who:

Person/Family Transaction Type Code:	"Person"
Person Type Code:	"N/A for Inquiry Type"
*Inquiry Person Identifier:	"683562255"
*Person Identifier Type Code:	"SSN"
*Person Last Name:	"Rogers"
*Person Birth Date:	"September 2, 1947"

OR

*Patient Identifier:	" " [used in place of the asterisked items]
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What:

HCDP Type Code:	"Health Care"
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When:

Health Care Coverage Inquiry Begin Calendar Date:	"October 18, 1998"
Health Care Coverage Inquiry End Calendar Date:	"November 30, 1998"

Response:

Sponsor Information:

Patient Identifier:	"999886234"
Person Identifier:	"432688999"
Person Identifier Type Code:	"SSN"
Personnel Category Code:	"Retired"
Service Code:	"Air Force"
Pay Plan Code:	"Military Officer"
Pay Grade Code:	"06"
Pay Grade Date:	"October 1, 1990"
Rank Code:	"Colonel"
Person Death Date:	"N/A"
UIC:	" "
Work Location Country Code:	" "
Work Location Postal Region Zip Code:	" "
Work Location Postal Region Zip Extension Code:	" "
Person Last Name:	"Rogers"
Person First Name:	"Buck"
Person Middle Name:	" "

Person Cadency Name:	" "
Person Birth Date:	"July 7, 1942"
Person Sex Code:	"Male"

Patient Information (Betty Rogers):

Patient Identifier:	"113576888"
Person Identifier:	"683566255"
Person Identifier Type Code:	"SSN"
Person Association Reason Code:	"Spouse"
Person Association Begin Date:	"June 15, 1998"
Person Association End Date:	" "
Person Last Name:	"Rogers"
Person First Name:	"Betty"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"September 2, 1947"
Person Sex Code:	"Female"
Mailing Address Date:	"June 15, 1998"
Mailing Address Line 1 Text:	"123 Alamo Road"
Mailing Address Line 2 Text:	" "
Mailing Address City Name:	"San Antonio"
Mailing Address State Code:	"TX"
Mailing Address Country Code:	"USA"
Mailing Address Postal Region Zip Code:	"78211"
Mailing Address Postal Region Zip Extension Code:	"5689"
Home Telephone Number Code:	"2105866796"
Work Telephone Number Code:	" "
Fax Telephone Number Code:	" "
Person Death Date:	" "
Organ Donor Code:	" "
Organ Donor Date:	" "
Blood Type Code:	"A-"
Blood Type Verification Code:	"V"
Blood Type Source Code:	"CHCS"

Health Care Coverage Segment 1:

HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Standard for Retired Sponsors and Family Members"
Health Care Coverage Enrollment Status Code:	"N/A for coverage plan"
Health Care Coverage CoPayment Factor Code:	"Retired rate"
Health Care Coverage Special Entitlement Code (exemptions):	" "
Health Care Coverage Service Code:	"Air Force"
Health Care Coverage Member Category Code:	"Retired"
Health Care Coverage Member Relationship	"Spouse"

Code:	
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"06"
Health Care Coverage Begin Calendar Date:	"October 18, 1998"
Health Care Coverage End Calendar Date:	"October 31, 1998"
Health Care Coverage End Reason Code:	"Enrolled"
Health Care Coverage Segment 2:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Prime Family Coverage for Retired Sponsors and Family Members"
Health Care Coverage Enrollment Status Code:	"Complete"
Health Care Coverage CoPayment Factor Code:	"Retired rate"
Health Care Coverage Special Entitlement Code (exemptions):	" "
Health Care Coverage Service Code:	"Air Force"
Health Care Coverage Member Category Code:	"Retired"
Health Care Coverage Member Relationship Code:	"Spouse"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"06"
Health Care Coverage Begin Calendar Date:	"November 1, 1998"
Health Care Coverage End Calendar Date:	"November 30, 1998"
Health Care Coverage End Reason Code:	"End of Inquiry"
PCM Segment 1:	
PCM Region Identifier:	"6"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Brooke Army Medical Center"
PCM Identifier:	"821111111111"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. No"
PCM Telephone Number Code (current):	"2106785678"
PCM Selection Begin Calendar Date:	"November 1, 1998"
PCM Selection End Calendar Date:	"November 30, 1998"
PCM Selection End Reason Code:	"End of Inquiry"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	" "
OHI Policy Identifier:	" "
OHI Effective Calendar Date:	" "
OHI Expiration Calendar Date:	" "
OHI Last Update Calendar Date:	" "
OHI Last Update System Name:	" "
OHI Medical Coverage Indicator Code:	" "
OHI Dental Coverage Indicator Code:	" "
OHI Inpatient Hospital Coverage Indicator Code:	" "

OHI Outpatient Hospital Coverage Indicator Code:	“	“
OHI Long Term Care Coverage Indicator Code:	“	“
OHI Pharmacy Coverage Indicator Code:		
OHI Mental Health Coverage Indicator Code:	“	“
OHI Vision Coverage Indicator Code:	“	“
Other Government Programs (OGP) Segment 1:		
OGP Type Code:	“	“
OGP Begin Reason Code:	“	“
OGP Effective Calendar Date:	“	“
OGP Expiration Calendar Date:	“	“
Nonavailability Statement (NAS) Segment 1:		
NAS Identifier:	“	“
NAS Issuing Facility DMIS Identifier:	“	“
NAS Issue Calendar Date:	“	“
NAS Cancel Calendar Date:	“	“

SCENARIO 2c: MTF Coverage Inquiry Demonstrating Dual Eligibility

Buck Rogers, Col., USAF, Retired is hired as a DoD Civilian working for the U.S. Air Force and is sent overseas. His spouse, Betty, remains in San Antonio. Buck Rogers is overseas on orders assigning him for the period December 1, 1998 through November 30, 1999.

Family Inquiry for Buck and Betty — Health Care Coverage Inquiry for MTFs

Who:

Person/Family Transaction Type Code:	"Family"
Person Type Code:	"Sponsor"
*Inquiry Person Identifier:	"432688999"
*Person Identifier Type Code:	"SSN"
*Person Last Name:	"Rogers"
*Person Birth Date:	"July 7, 1942"

OR

*Patient Identifier:	" " [used in place of the asterisked items]
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What:

HCDP Type Code:	"Health Care"
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When:

Health Care Coverage Inquiry Begin Calendar Date:	"November 15, 1998"
Health Care Coverage Inquiry End Calendar Date:	"December 31, 1998"

Response #1 (Retired):

Sponsor Information:

Patient Identifier:	"999886234"
Person Identifier:	"432688999"
Person Identifier Type Code:	"SSN"
Personnel Category Code:	"Retired"
Service Code:	"Air Force"
Pay Plan Code:	"Military Officer"
Pay Grade Code:	"06"
Pay Grade Date:	"October 1, 1990"
Rank Code:	"Colonel"
Person Death Date:	"N/A"
UIC:	" "
Work Location Country Code:	" "
Work Location Postal Region Zip Code:	" "
Work Location Postal Region Zip Extension Code:	" "
Person Last Name:	"Rogers"
Person First Name:	"Buck"
Person Middle Name:	" "

Person Cadency Name:	" "
Person Birth Date:	"July 7, 1942"
Person Sex Code:	"Male"
Patient Information (Buck Rogers):	
Patient Identifier:	"999886234"
Person Identifier:	"432688999"
Person Identifier Type Code:	"SSN"
Person Association Reason Code:	"Self"
Person Association Begin Date:	"July 7, 1942"
Person Association End Date:	" "
Person Last Name:	"Rogers"
Person First Name:	"Buck"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"July 7, 1942"
Person Sex Code:	"Male"
Mailing Address Date:	"October 1, 1997"
Mailing Address Line 1 Text:	"123 Alamo Road"
Mailing Address Line 2 Text:	" "
Mailing Address City Name:	"San Antonio"
Mailing Address State Code:	"TX"
Mailing Address Country Code:	"USA"
Mailing Address Postal Region Zip Code:	"78211"
Mailing Address Postal Region Zip Extension Code:	"5689"
Home Telephone Number Code:	"2105866796"
Work Telephone Number Code:	" "
Fax Telephone Number Code:	" "
Person Death Date:	" "
Organ Donor Code:	" "
Organ Donor Date:	" "
Blood Type Code:	"O+"
Blood Type Verification Code:	"V"
Blood Type Source Code:	"CHCS"
Health Care Coverage Segment 1:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Prime Family Coverage for Retired Sponsors and Family Members"
Health Care Coverage Enrollment Status Code:	"Complete"
Health Care Coverage CoPayment Factor Code:	"Retired rate"
Health Care Coverage Special Entitlement Code (exemptions):	" "
Health Care Coverage Service Code:	"Air Force"
Health Care Coverage Member Category Code:	"Retired"
Health Care Coverage Member Relationship	"Self"

Code:	
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"06"
Health Care Coverage Begin Calendar Date:	"November 15, 1998"
Health Care Coverage End Calendar Date:	"December 31, 1998"
Health Care Coverage End Reason Code:	"End of Inquiry"
PCM Segment 1:	
PCM Region Identifier:	"6"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Brooke Army Medical Center"
PCM Identifier:	"821111111111"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. No"
PCM Telephone Number Code (current):	"2106785678"
PCM Selection Begin Calendar Date:	"November 15, 1998"
PCM Selection End Calendar Date:	"December 31, 1998"
PCM Selection End Reason Code:	"End of Inquiry"
PCM Telephone Number Code (current):	"2106785678"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	" "
OHI Policy Identifier:	" "
OHI Effective Calendar Date:	" "
OHI Expiration Calendar Date:	" "
OHI Last Update Calendar Date:	" "
OHI Last Update System Name:	" "
OHI Medical Coverage Indicator Code:	" "
OHI Dental Coverage Indicator Code:	" "
OHI Inpatient Hospital Coverage Indicator Code:	" "
OHI Outpatient Hospital Coverage Indicator Code:	" "
OHI Long Term Care Coverage Indicator Code:	" "
OHI Pharmacy Coverage Indicator Code:	" "
OHI Mental Health Coverage Indicator Code:	" "
OHI Vision Coverage Indicator Code:	" "
Other Government Programs (OGP) Segment 1:	
OGP Type Code:	" "
OGP Begin Reason Code:	" "
OGP Effective Calendar Date:	" "
OGP Expiration Calendar Date:	" "
Nonavailability Statement (NAS) Segment 1:	
NAS Identifier:	" "
NAS Issuing Facility DMIS Identifier:	" "
NAS Issue Calendar Date:	" "
NAS Cancel Calendar Date:	" "
Patient Information (Betty Rogers):	
Patient Identifier:	"113576888"

Person Identifier:	"683566255"
Person Identifier Type Code:	"SSN"
Person Association Reason Code:	"Spouse"
Person Association Begin Date:	"June 15, 1998"
Person Association End Date:	" "
Person Last Name:	"Rogers"
Person First Name:	"Betty"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"September 2, 1947"
Person Sex Code:	"Female"
Mailing Address Date:	"June 15, 1998"
Mailing Address Line 1 Text:	"123 Alamo Road"
Mailing Address Line 2 Text:	" "
Mailing Address City Name:	"San Antonio"
Mailing Address State Code:	"TX"
Mailing Address Country Code:	"USA"
Mailing Address Postal Region Zip Code:	"78211"
Mailing Address Postal Region Zip Extension Code:	"5689"
Home Telephone Number Code:	"2105866796"
Work Telephone Number Code:	" "
Fax Telephone Number Code:	" "
Person Death Date:	" "
Organ Donor Code:	" "
Organ Donor Date:	" "
Blood Type Code:	"A-"
Blood Type Verification Code:	"V"
Blood Type Source Code:	"CHCS"
Health Care Coverage Segment 1:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Prime Family Coverage for Retired Sponsors and Family Members"
Health Care Coverage Enrollment Status Code:	"Complete"
Health Care Coverage CoPayment Factor Code:	"Retired rate"
Health Care Coverage Special Entitlement Code (exemptions):	" "
Health Care Coverage Service Code:	"Air Force"
Health Care Coverage Member Category Code:	"Retired"
Health Care Coverage Member Relationship Code:	"Spouse"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"06"
Health Care Coverage Begin Calendar Date:	"November 15, 1998"
Health Care Coverage End Calendar Date:	"December 31, 1998"
Health Care Coverage End Reason Code:	"End of Inquiry"

PCM Segment 1:

PCM Region Identifier:	"6"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Brooke Army Medical Center"
PCM Identifier:	"821111111111"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. No"
PCM Telephone Number Code (current):	"2106785678"
PCM Selection Begin Calendar Date:	"November 15, 1998"
PCM Selection End Calendar Date:	"December 31, 1998"
PCM Selection end Reason Code:	"End of Inquiry"

Other Health Insurance (OHI) Segment 1:

OHI Carrier Identifier:	" "
OHI Policy Identifier:	" "
OHI Effective Calendar Date:	" "
OHI Expiration Calendar Date:	" "
OHI Last Update Calendar Date:	" "
OHI Last Update System Name:	" "
OHI Medical Coverage Indicator Code:	" "
OHI Dental Coverage Indicator Code:	" "
OHI Inpatient Hospital Coverage Indicator Code:	" "
OHI Outpatient Hospital Coverage Indicator Code:	" "
OHI Long Term Care Coverage Indicator Code:	" "
OHI Pharmacy Coverage Indicator Code:	" "
OHI Mental Health Coverage Indicator Code:	" "
OHI Vision Coverage Indicator Code:	" "

Other Government Programs (OGP) Segment 1:

OGP Type Code:	" "
OGP Begin Reason Code:	" "
OGP Effective Calendar Date:	" "
OGP Expiration Calendar Date:	" "

Nonavailability Statement (NAS) Segment 1:

NAS Identifier:	" "
NAS Issuing Facility DMIS Identifier:	" "
NAS Issue Calendar Date:	" "
NAS Cancel Calendar Date:	" "

Response #2 (DoD Civilian):

Sponsor Information:

Patient Identifier:	"999886234"
Person Identifier:	"432688999"
Person Identifier Type Code:	"SSN"
Personnel Category Code:	"DoD Civilian"
Service Code:	"Air Force"
Pay Plan Code:	"DoD Civilian"
Pay Grade Code:	"15"
Pay Grade Date:	"December 1, 1998"
Rank Code:	"N/A"
Person Death Date:	"N/A"
UIC:	" "
Work Location Country Code:	" "
Work Location Postal Region Zip Code:	" "
Work Location Postal Region Zip Extension Code:	" "
Person Last Name:	"Rogers"
Person First Name:	"Buck"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"July 7, 1942"
Person Sex Code:	"Male"

Patient Information (Buck Rogers):

Patient Identifier:	"999886234"
Person Identifier:	"432688999"
Person Identifier Type Code:	"SSN"
Person Association Reason Code:	"Self"
Person Association Begin Date:	"July 7, 1942"
Person Association End Date:	" "
Person Last Name:	"Rogers"
Person First Name:	"Buck"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"July 7, 1942"
Person Sex Code:	"Male"
Mailing Address Date:	"October 1, 1997"
Mailing Address Line 1 Text:	"123 Alamo Road"
Mailing Address Line 2 Text:	" "
Mailing Address City Name:	"San Antonio"
Mailing Address State Code:	"TX"
Mailing Address Country Code:	"USA"
Mailing Address Postal Region Zip Code:	"78211"
Mailing Address Postal Region Zip Extension Code:	"5689"
Home Telephone Number Code:	"2105866796"
Work Telephone Number Code:	" "

Fax Telephone Number Code:	“ “
Person Death Date:	“ “
Organ Donor Code:	“ “
Organ Donor Date:	“ “
Blood Type Code:	“O+”
Blood Type Verification Code:	“V”
Blood Type Source Code:	“CHCS”
Health Care Coverage Segment 1:	
HCDP Type Code:	“Health Care”
HCDP Plan Coverage Code:	“Direct Care OCONUS for DoD Affiliates”
Health Care Coverage Enrollment Status Code:	“N/A for coverage plan”
Health Care Coverage CoPayment Factor Code:	“N/A”
Health Care Coverage Special Entitlement Code (exemptions):	“ “
Health Care Coverage Service Code:	“Air Force”
Health Care Coverage Member Category Code:	“DoD Civilian”
Health Care Coverage Member Relationship Code:	“Self”
Health Care Coverage Pay Plan Code:	“DoD Civilian”
Health Care Coverage Pay Grade Code:	“15”
Health Care Coverage Begin Calendar Date:	“December 1, 1998”
Health Care Coverage End Calendar Date:	“December 31, 1998”
Health Care Coverage End Reason Code:	“End of Inquiry”
PCM Segment 1:	
PCM Region Identifier:	“N/A for coverage plan”
PCM Network Provider Type Code:	“N/A for coverage plan”
PCM Enrolling Division DMIS Identifier:	“N/A for coverage plan”
PCM Identifier:	“N/A for coverage plan”
PCM Identifier Type Code:	“N/A for coverage plan”
PCM Name:	“N/A for coverage plan”
PCM Telephone Number Code (current):	“N/A for coverage plan”
PCM Selection Begin Calendar Date:	“N/A for coverage plan”
PCM Selection End Calendar Date:	“N/A for coverage plan”
PCM Selection end Reason Code:	“N/A for coverage plan”
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	“ “
OHI Policy Identifier:	“ “
OHI Effective Calendar Date:	“ “
OHI Expiration Calendar Date:	“ “
OHI Last Update Calendar Date:	“ “
OHI Last Update System Name:	“ “
OHI Medical Coverage Indicator Code:	“ “
OHI Dental Coverage Indicator Code:	“ “
OHI Inpatient Hospital Coverage Indicator Code:	“ “

OHI Outpatient Hospital Coverage Indicator Code:	“	“
OHI Long Term Care Coverage Indicator Code:	“	“
OHI Pharmacy Coverage Indicator Code:		
OHI Mental Health Coverage Indicator Code:	“	“
OHI Vision Coverage Indicator Code:	“	“
Other Government Programs (OGP) Segment 1:		
OGP Type Code:	“	“
OGP Begin Reason Code:	“	“
OGP Effective Calendar Date:	“	“
OGP Expiration Calendar Date:	“	“
Nonavailability Statement (NAS) Segment 1:		
NAS Identifier:	“	“
NAS Issuing Facility DMIS Identifier:	“	“
NAS Issue Calendar Date:	“	“
NAS Cancel Calendar Date:	“	“

SCENARIO 2d: Coverage Inquiry for Claims, Catastrophic Cap and Deductible Totals and Update

Coverage Inquiry for Claims for Betty Rogers Using Sponsor's Information

Who:

Person/Family Transaction Type Code:	"Person"
Person Type Code:	"N/A for Inquiry Type"
Inquiry Person Identifier:	"683562255"
Person Identifier Type Code:	"SSN"
Person Last Name:	"Rogers"
Person Birth Date:	"September 2, 1947"

What:

HCDP Type Code:	"Health Care"
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When:

Health Care Coverage Inquiry Begin Calendar Date:	"October 18, 1998"
Health Care Coverage Inquiry End Calendar Date:	"November 30, 1998"

Totals and Locking Information:

Catastrophic Cap/ Deductible Totals/ Lock Inquiry Type Code:	"Totals, but no Lock"
Catastrophic Cap/ Deductible Detail Identifier:	"N/A since lock not specified"
Catastrophic Cap/ Deductible Detail Type Code:	"N/A since lock not specified"

Response:

Sponsor Information:

DEERS Identifier:	"433567899 <u>00</u> "
Person Identifier:	"432688999"
Person Identifier Type Code:	"SSN"
Person Death Date:	"N/A"
Person Last Name:	"Rogers"
Person First Name:	"Buck"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"July 7, 1942"
Person Sex Code:	"Male"
Person Death Date:	"N/A"

Family Catastrophic Cap and Deductible Totals

Segment 1:

Family Fiscal Year Deductible Cumulative Amount:	"200"
Family Fiscal Year Catastrophic Cap Cumulative Amount:	"0"
Family CHCBP Fiscal Year Deductible Cumulative Amount:	"0"
Family CHCBP Fiscal Year Catastrophic Cap Cumulative Amount:	"0"
Fiscal Year Code:	"1999"
Family Prime Enrollment Year Catastrophic Cap Cumulative Amount:	"0"
Family Point of Service Enrollment Year Deductible Cumulative Amount:	"0"
Family Prime Enrollment Anniversary Calendar Date:	"November 1, 1998"

Individual Catastrophic Cap and Deductible Totals Segment 1: (Betty Rogers)

Individual Fiscal Year Deductible Cumulative Amount:	"200"
Individual CHCBP Fiscal Year Deductible Cumulative Amount:	"0"
Fiscal Year Code:	"1999"
Individual Point of Service Enrollment Year Deductible Cumulative Amount:	"0"
Individual Prime Enrollment Begin Calendar Date:	"November 1, 1998"
Individual Prime Enrollment End Calendar Date:	"October 31, 1999"

Claims Lock Information:

<i>Catastrophic Cap/ Deductible Detail Lock Source System Identifier:</i>	" "
<i>Catastrophic Cap/ Deductible Detail Lock Calendar Date:</i>	" "
<i>Catastrophic Cap/ Deductible Detail Lock Time:</i>	" "

Person Information (Betty Rogers):

DEERS Identifier:	"433567899 01"
Person Identifier:	"683566255"
Person Identifier Type Code:	"SSN"
Person Last Name:	"Rogers"
Person First Name:	"Betty"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"September 2, 1947"
Person Sex Code:	"Female"

Mailing Address Date:	"June 15, 1998"
Mailing Address Line 1 Text:	"123 Alamo Road"
Mailing Address Line 2 Text:	" "
Mailing Address City Name:	"San Antonio"
Mailing Address State Code:	"TX"
Mailing Address Country Code:	"USA"
Mailing Address Postal Region Zip Code:	"78211"
Mailing Address Postal Region Zip Extension Code:	"5689"
Home Telephone Number Code:	"2105866796"
Work Telephone Number Code:	" "
Fax Telephone Number Code:	" "
Health Care Coverage Segment 1:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Standard for Retired Sponsors and Family Members"
Health Care Coverage Enrollment Status Code:	"N/A for coverage plan"
Health Care Coverage CoPayment Factor Code:	"Retired rate"
Health Care Coverage Special Entitlement Code (exemptions):	" "
Health Care Coverage Service Code:	"Air Force"
Health Care Coverage Member Category Code:	"Retired"
Health Care Coverage Member Relationship Code:	"Spouse"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"06"
Health Care Coverage Begin Calendar Date:	"October 18, 1998"
Health Care Coverage End Calendar Date:	"October 31, 1998"
Health Care Coverage End Reason Code:	"Enrolled"
Health Care Coverage Segment 2:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Prime Family Coverage For Retired Sponsors and Family Members"
Health Care Coverage Enrollment Status Code:	"Complete"
Health Care Coverage CoPayment Factor Code:	"Retired rate"
Health Care Coverage Special Entitlement Code (exemptions):	" "
Health Care Coverage Service Code:	"Air Force"
Health Care Coverage Member Category Code:	"Retired"
Health Care Coverage Member Relationship Code:	"Spouse"

Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"06"
Health Care Coverage Begin Calendar Date:	"November 1, 1998"
Health Care Coverage End Calendar Date:	"November 30, 1998"
Health Care Coverage End Reason Code:	"End of Inquiry"
PCM Segment 1:	
PCM Region Identifier:	"6"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Brooke Army Medical Center"
PCM Identifier:	"821111111111"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. No"
PCM Telephone Number Code (current):	"2106785678"
PCM Selection Begin Calendar Date:	"November 1, 1998"
PCM Selection End Calendar Date"	"November 30, 1998"
PCM Selection End Reason Code:	"End of Inquiry"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	" "
OHI Policy Identifier:	" "
OHI Effective Calendar Date:	" "
OHI Expiration Calendar Date:	" "
OHI Last Update Calendar Date:	" "
OHI Last Update System Name:	" "
OHI Medical Coverage Indicator Code:	" "
OHI Dental Coverage Indicator Code:	" "
OHI Inpatient Hospital Coverage Indicator Code:	" "
OHI Outpatient Hospital Coverage Indicator Code:	" "
OHI Long Term Care Coverage Indicator Code:	" "
OHI Pharmacy Coverage Indicator Code:	" "
OHI Mental Health Coverage Indicator Code:	" "
OHI Vision Coverage Indicator Code:	" "
Other Government Programs (OGP) Segment 1:	
OGP Type Code:	" "
OGP Begin Reason Code:	" "
OGP Effective Calendar Date:	" "
OGP Expiration Calendar Date:	" "
Nonavailability Statement (NAS) Segment 1:	
NAS Identifier:	" "
NAS Issuing Facility DMIS Identifier:	" "
NAS Issue Calendar Date:	" "
NAS Cancel Calendar Date:	" "

Catastrophic Cap and Deductible Totals Inquiry for Betty Rogers

Inquiry:

Individual Insured Information:

DEERS Identifier: "433567899 01"

Claim Inquiry Period Information:

Catastrophic Cap/ Deductible Inquiry Begin Calendar Date: "November 03, 1998"

Catastrophic Cap/ Deductible Inquiry End Calendar Date: "November 03, 1998"

Claim Lock Information:

Catastrophic Cap/ Deductible Totals/ Lock Inquiry Type Code: "Lock"

Catastrophic Cap/ Deductible Detail Identifier: "223322332211"

Catastrophic Cap/ Deductible Detail Type Code: "Enrollment Fee"

Response:

Insured Information:

DEERS Identifier: "433567899 01"

Family Catastrophic Cap and Deductible Totals

Segment 1:

Family Fiscal Year Deductible Cumulative Amount: "200"

Family Fiscal Year Catastrophic Cap Cumulative Amount: "0"

Family CHCBP Fiscal Year Deductible Cumulative Amount: "0"

Family CHCBP Fiscal Year Catastrophic Cap Cumulative Amount: "0"

Fiscal Year Code: "1999"

Family Prime Enrollment Year Catastrophic Cap Cumulative Amount: "0"

Family Point of Service Enrollment Year Deductible Cumulative Amount: "0"

Family Prime Enrollment Anniversary Calendar Date: "November 1, 1998"

Individual Catastrophic Cap and Deductible Totals Segment 1:

Individual Fiscal Year Deductible Cumulative Amount: "200"

Individual CHCBP Fiscal Year Deductible Cumulative Amount: "0"

Fiscal Year Code: "1999"

Individual Point of Service Enrollment Year Deductible Cumulative Amount: "0"

Individual Prime Enrollment Begin Calendar Date:	"November 1, 1998"
Individual Prime Enrollment End Calendar Date:	"October 31, 1999"
Claims Lock Information:	
Catastrophic Cap/ Deductible Detail Lock Source System Identifier:	"2232001"
Catastrophic Cap/ Deductible Detail Lock Calendar Date:	"December 3, 1998"
Catastrophic Cap/ Deductible Detail Lock Time:	"120932"

Update Catastrophic Cap and Deductible Amounts for Betty Rogers

Update:

Individual Insured Information:

DEERS Identifier: "433567899 01"

Lock Removal Information:

Catastrophic Cap/ Deductible Lock Access/ "Unlock"

Update Code:

Catastrophic Cap/ Deductible Detail Identification Information:

Catastrophic Cap/ Deductible Detail Identifier: "223322332211"

Catastrophic Cap/ Deductible Detail Extension Identifier: " "

Catastrophic Cap/ Deductible Detail Type Code: "Enrollment Fee"

Individual Catastrophic Cap and Deductible Update Information:

Fiscal Year Deductible Payment Amount: " "

Fiscal Year Catastrophic Cap Payment Amount: "230"

CHCBP Fiscal Year Deductible Payment Amount: " "

CHCBP Fiscal Year Catastrophic Cap Payment Amount: " "

Fiscal Year Code: "1999"

Prime Enrollment Year Catastrophic Cap Payment Amount: "230"

Point Of Service Enrollment Year Deductible Payment Amount: " "

Enrollment Year Catastrophic Cap/ Deductible Payment Calendar Date: "November 1998"

SCENARIO 2e: Coverage Inquiry for Claims Demonstrating Dual Eligibility, Catastrophic Cap and Deductible Totals and Update

Buck Rogers, Col., USAF, Retired is hired as a DoD Civilian working for the U.S. Air Force and is sent overseas. His spouse, Betty, remains in San Antonio. Buck Rogers is overseas on orders assigning him for the period December 1, 1998 through November 30, 1999.

Notes:

- Totals and Lock information were not returned, since they were not specified in the inquiry.
- Response #2 contains DoD Civilian information for the sponsor only. Betty, the spouse, is not included in this response since she is not entitled to these benefits.

Coverage Inquiry for Claims for Buck and Betty Rogers

Who:

Person/Family Transaction Type Code:	"Family"
Person Type Code:	"Sponsor"
Inquiry Person Identifier:	"432688999"
Person Identifier Type Code:	"SSN"
Person Last Name:	"Rogers"
Person Birth Date:	"July 7, 1942"

What:

HCDP Type Code:	"Health Care"
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When:

Health Care Coverage Inquiry Begin Calendar Date:	"November 15, 1998"
Health Care Coverage Inquiry End Calendar Date:	"December 31, 1998"

Totals and Locking Information:

Catastrophic Cap/ Deductible Totals/ Lock Inquiry Type Code:	"No totals or lock"
Catastrophic Cap/ Deductible Detail Identifier:	"N/A since lock not specified"
Catastrophic Cap/ Deductible Detail Type Code:	"N/A since lock not specified"

Response #1 (Retired):

Sponsor Information:

DEERS Identifier:	"433567899 00"
Person Identifier:	"432688999"
Person Identifier Type Code:	"SSN"
Person Last Name:	"Rogers"
Person First Name:	"Buck"
Person Middle Name:	" "

Person Cadency Name:	“ “
Person Birth Date:	“July 7, 1942”
Person Sex Code:	“Male”
Person Death Date:	“N/A”
Insured Information (Sponsor):	
DEERS Identifier:	“433567899 <u>00</u> ”
Person Identifier:	“432688999”
Person Identifier Type Code:	“SSN”
Person Last Name:	“Rogers”
Person First Name:	“Buck”
Person Middle Name:	“ “
Person Cadency Name:	“ “
Person Birth Date:	“July 7, 1942”
Person Sex Code:	“Male”
Mailing Address Date:	“October 1, 1997”
Mailing Address Line 1 Text:	“123 Alamo Road“
Mailing Address Line 2 Text:	“ “
Mailing Address City Name:	“San Antonio”
Mailing Address State Code:	“TX”
Mailing Address Country Code:	“USA”
Mailing Address Postal Region Zip Code:	“78211”
Mailing Address Postal Region Zip Extension Code:	“5689”
Home Telephone Number Code:	“2105866796”
Work Telephone Number Code:	“ “
Fax Telephone Number Code:	“ “
Health Care Coverage Segment 1:	
HCDP Type Code:	“Health Care”
HCDP Plan Coverage Code:	“TRICARE Prime Family Coverage For Retired Sponsors and Family Members”
Health Care Coverage Enrollment Status Code:	“Complete”
Health Care Coverage CoPayment Factor Code:	“Retired rate”
Health Care Coverage Special Entitlement Code (exemptions):	“ “
Health Care Coverage Service Code:	“Air Force”
Health Care Coverage Member Category Code:	“Retired”
Health Care Coverage Member Relationship Code:	“Self”
Health Care Coverage Pay Plan Code:	“Military Officer”
Health Care Coverage Pay Grade Code:	“06”
Health Care Coverage Begin Calendar Date:	“November 15, 1998”
Health Care Coverage End Calendar Date:	“December 31, 1998”
Health Care Coverage End Reason Code:	“End of Inquiry”
PCM Segment 1:	
PCM Region Identifier:	“6”
PCM Network Provider Type Code:	“Direct”

PCM Enrolling Division DMIS Identifier:	"Brooke Army Medical Center"
PCM Identifier:	"821111111111"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. No"
PCM Telephone Number Code (current):	"2106785678"
PCM Selection Begin Calendar Date:	"November 15, 1998"
PCM Selection End Calendar Date:	"December 31, 1998"
PCM Selection End Reason Code:	"End of Inquiry"
PCM Telephone Number Code (current):	"2106785678"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	" "
OHI Policy Identifier:	" "
OHI Effective Calendar Date:	" "
OHI Expiration Calendar Date:	" "
OHI Last Update Calendar Date:	" "
OHI Last Update System Name:	" "
OHI Medical Coverage Indicator Code:	" "
OHI Dental Coverage Indicator Code:	" "
OHI Inpatient Hospital Coverage Indicator Code:	" "
OHI Outpatient Hospital Coverage Indicator Code:	" "
OHI Long Term Care Coverage Indicator Code:	" "
OHI Pharmacy Coverage Indicator Code:	" "
OHI Mental Health Coverage Indicator Code:	" "
OHI Vision Coverage Indicator Code:	" "
Other Government Programs (OGP) Segment 1:	
OGP Type Code:	" "
OGP Begin Reason Code:	" "
OGP Effective Calendar Date:	" "
OGP Expiration Calendar Date:	" "
Nonavailability Statement (NAS) Segment 1:	
NAS Identifier:	" "
NAS Issuing Facility DMIS Identifier:	" "
NAS Issue Calendar Date:	" "
NAS Cancel Calendar Date:	" "

Insured Information (Betty Rogers):

DEERS Identifier:	"433567899 01"
Person Identifier:	"683566255"
Person Identifier Type Code:	"SSN"
Person Last Name:	"Rogers"
Person First Name:	"Betty"
Person Middle Name:	" "
Person Cadency Name:	" "
Person Birth Date:	"September 2, 1947"
Person Sex Code:	"Female"
Mailing Address Date:	"June 15, 1998"

Mailing Address Line 1 Text:	"123 Alamo Road"
Mailing Address Line 2 Text:	" "
Mailing Address City Name:	"San Antonio"
Mailing Address State Code:	"TX"
Mailing Address Country Code:	"USA"
Mailing Address Postal Region Zip Code:	"78211"
Mailing Address Postal Region Zip Extension Code:	"5689"
Home Telephone Number Code:	"2105866796"
Work Telephone Number Code:	" "
Fax Telephone Number Code:	" "
Health Care Coverage Segment 1:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"TRICARE Prime Family Coverage For Retired Sponsors and Family Members"
Health Care Coverage Enrollment Status Code:	"Complete"
Health Care Coverage CoPayment Factor Code:	"Retired rate"
Health Care Coverage Special Entitlement Code (exemptions):	" "
Health Care Coverage Service Code:	"Air Force"
Health Care Coverage Member Category Code:	"Retired"
Health Care Coverage Member Relationship Code:	"Spouse"
Health Care Coverage Pay Plan Code:	"Military Officer"
Health Care Coverage Pay Grade Code:	"06"
Health Care Coverage Begin Calendar Date:	"November 15, 1998"
Health Care Coverage End Calendar Date:	"December 31, 1998"
Health Care Coverage End Reason Code:	"End of Inquiry"
PCM Segment 1:	
PCM Region Identifier:	"6"
PCM Network Provider Type Code:	"Direct"
PCM Enrolling Division DMIS Identifier:	"Brooke Army Medical Center"
PCM Identifier:	"821111111111"
PCM Identifier Type Code:	"Tax Identifier"
PCM Name:	"Dr. No"
PCM Telephone Number Code (current):	"2106785678"
PCM Selection Begin Calendar Date:	"November 15, 1998"
PCM Selection End Calendar Date:	"December 31, 1998"
PCM Selection end Reason Code:	"End of Inquiry"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	" "
OHI Policy Identifier:	" "
OHI Effective Calendar Date:	" "
OHI Expiration Calendar Date:	" "
OHI Last Update Calendar Date:	" "
OHI Last Update System Name:	" "

OHI Medical Coverage Indicator Code:	“	“
OHI Dental Coverage Indicator Code:	“	“
OHI Inpatient Hospital Coverage Indicator Code:	“	“
OHI Outpatient Hospital Coverage Indicator Code:	“	“
OHI Long Term Care Coverage Indicator Code:	“	“
OHI Pharmacy Coverage Indicator Code:		
OHI Mental Health Coverage Indicator Code:	“	“
OHI Vision Coverage Indicator Code:	“	“
Other Government Programs (OGP) Segment 1:		
OGP Type Code:	“	“
OGP Begin Reason Code:	“	“
OGP Effective Calendar Date:	“	“
OGP Expiration Calendar Date:	“	“
Nonavailability Statement (NAS) Segment 1:		
NAS Identifier:	“	“
NAS Issuing Facility DMIS Identifier:	“	“
NAS Issue Calendar Date:	“	“
NAS Cancel Calendar Date:	“	“

Response #2 (DoD Civilian):

Sponsor Information:

DEERS Identifier:	“433567899 00”
Person Identifier:	“432688999”
Person Identifier Type Code:	“SSN”
Person Last Name:	“Rogers”
Person First Name:	“Buck”
Person Middle Name:	“
Person Cadency Name:	“
Person Birth Date:	“July 7, 1942”
Person Sex Code:	“Male”
Person Death Date:	“N/A”

Insured Information: (Sponsor)

DEERS Identifier:	“433567899 00”
Person Identifier:	“432688999”
Person Identifier Type Code:	“SSN”
Person Last Name:	“Rogers”
Person First Name:	“Buck”
Person Middle Name:	“
Person Cadency Name:	“
Person Birth Date:	“July 7, 1942”
Person Sex Code:	“Male”
Mailing Address Date:	“October 1, 1997”
Mailing Address Line 1 Text:	“123 Alamo Road”
Mailing Address Line 2 Text:	“
Mailing Address City Name:	“San Antonio”

Mailing Address State Code:	"TX"
Mailing Address Country Code:	"USA"
Mailing Address Postal Region Zip Code:	"78211"
Mailing Address Postal Region Zip Extension Code:	"5689"
Home Telephone Number Code:	"2105866796"
Work Telephone Number Code:	" "
Fax Telephone Number Code:	" "
Health Care Coverage Segment 1:	
HCDP Type Code:	"Health Care"
HCDP Plan Coverage Code:	"Direct Care OCONUS for DoD Affiliates"
Health Care Coverage Enrollment Status Code:	"N/A for coverage plan"
Health Care Coverage CoPayment Factor Code:	"N/A"
Health Care Coverage Special Entitlement Code (exemptions):	" "
Health Care Coverage Service Code:	"Air Force"
Health Care Coverage Member Category Code:	"DoD Civilian"
Health Care Coverage Member Relationship Code:	"Self"
Health Care Coverage Pay Plan Code:	"DoD Civilian"
Health Care Coverage Pay Grade Code:	"15"
Health Care Coverage Begin Calendar Date:	"December 1, 1998"
Health Care Coverage End Calendar Date:	"December 31, 1998"
Health Care Coverage End Reason Code:	"End of Inquiry"
PCM Segment 1:	
PCM Region Identifier:	"N/A for coverage plan"
PCM Network Provider Type Code:	"N/A for coverage plan"
PCM Enrolling Division DMIS Identifier:	"N/A for coverage plan"
PCM Identifier:	"N/A for coverage plan"
PCM Identifier Type Code:	"N/A for coverage plan"
PCM Name:	"N/A for coverage plan"
PCM Telephone Number Code (current):	"N/A for coverage plan"
PCM Selection Begin Calendar Date:	"N/A for coverage plan"
PCM Selection End Calendar Date:	"N/A for coverage plan"
PCM Selection end Reason Code:	"N/A for coverage plan"
Other Health Insurance (OHI) Segment 1:	
OHI Carrier Identifier:	" "
OHI Policy Identifier:	" "
OHI Effective Calendar Date:	" "
OHI Expiration Calendar Date:	" "
OHI Last Update Calendar Date:	" "
OHI Last Update System Name:	" "
OHI Medical Coverage Indicator Code:	" "
OHI Dental Coverage Indicator Code:	" "
OHI Inpatient Hospital Coverage Indicator	" "

Code:		
OHI Outpatient Hospital Coverage Indicator	“	“
Code:		
OHI Long Term Care Coverage Indicator	“	“
Code:		
OHI Pharmacy Coverage Indicator Code:		
OHI Mental Health Coverage Indicator Code:	“	“
OHI Vision Coverage Indicator Code:	“	“
Other Government Programs (OGP) Segment 1:		
OGP Type Code:	“	“
OGP Begin Reason Code:	“	“
OGP Effective Calendar Date:	“	“
OGP Expiration Calendar Date:	“	“
Nonavailability Statement (NAS) Segment 1:		
NAS Identifier:	“	“
NAS Issuing Facility DMIS Identifier:	“	“
NAS Issue Calendar Date:	“	“
NAS Cancel Calendar Date:	“	“

Catastrophic Cap and Deductible Totals Inquiry for Betty Rogers

Inquiry:

Individual Insured Information:

DEERS Identifier: "433567899 01"

Claim Inquiry Period Information:

Catastrophic Cap/ Deductible Inquiry Begin Calendar Date: "December 10, 1998"

Catastrophic Cap/ Deductible Inquiry End Calendar Date: "December 10, 1998"

Claim Lock Information:

Catastrophic Cap/ Deductible Totals/ Lock Inquiry Type Code: "Lock"

Catastrophic Cap/ Deductible Detail Identifier: "874343443434"

Catastrophic Cap/ Deductible Detail Type Code: "Claim"

Response:

Insured Information:

DEERS Identifier: "433567899 01"

Family Catastrophic Cap and Deductible Totals

Segment 1:

Family Fiscal Year Deductible Cumulative Amount: "430"

Family Fiscal Year Catastrophic Cap Cumulative Amount: "0"

Family CHCBP Fiscal Year Deductible Cumulative Amount: "0"

Family CHCBP Fiscal Year Catastrophic Cap Cumulative Amount: "0"

Fiscal Year Code: "1999"

Family Prime Enrollment Year Catastrophic Cap Cumulative Amount: "230"

Family Point of Service Enrollment Year Deductible Cumulative Amount: "0"

Family Prime Enrollment Anniversary Calendar Date: "November 1, 1998"

Individual Catastrophic Cap and Deductible Totals Segment 1:

Individual Fiscal Year Deductible Cumulative Amount: "430"

Individual CHCBP Fiscal Year Deductible Cumulative Amount: "0"

Fiscal Year Code: "1999"

Individual Point of Service Enrollment Year "230"

Deductible Cumulative Amount:

Individual Prime Enrollment Begin Calendar Date: "November 1, 1998"

Individual Prime Enrollment End Calendar Date: "October 31, 1999"

Claims Lock Information:

Catastrophic Cap/ Deductible Detail Lock Source System Identifier: "2232001"

Catastrophic Cap/ Deductible Detail Lock Calendar Date: "December 27, 1998"

Catastrophic Cap/ Deductible Detail Lock Time: "092416"

Update Catastrophic Cap and Deductible Amounts for Betty Rogers

Update:

Individual Insured Information:

DEERS Identifier: "433567899 01"

Lock Removal Information:

Catastrophic Cap/ Deductible Lock Access/ "Unlock"

Update Code:

Catastrophic Cap/ Deductible Detail Identification

Information:

Catastrophic Cap/ Deductible Detail Identifier: "874343443434"

Catastrophic Cap/ Deductible Detail Extension " "

Identifier:

Catastrophic Cap/ Deductible Detail Type "Claim"

Code:

Individual Catastrophic Cap and Deductible

Update Information:

Fiscal Year Deductible Payment Amount: " "

Fiscal Year Catastrophic Cap Payment "68"

Amount:

CHCBP Fiscal Year Deductible Payment " "

Amount:

CHCBP Fiscal Year Catastrophic Cap " "

Payment Amount:

Fiscal Year Code: "1999"

Prime Enrollment Year Catastrophic Cap "68"

Payment Amount:

Point Of Service Enrollment Year Deductible " "

Payment Amount:

Enrollment Year Catastrophic Cap/ Deductible "December 1998"

Payment Calendar Date: